The New Hampshire Department of Health and Human Services



GraniteCare

Financial Projections & Critical Assumptions

Office of the Commissioner 129 Pleasant Street Concord, NH 03301

GRANITECARE FINANCIAL PROJECTIONS AND CRITICAL ASSUMPTIONS

I. Background and Introduction

In reviewing New Hampshire's Medicaid program, the Department of Health and Human Services (DHHS) began by making an exhaustive systemic and financial review of the program to identify trends needed to project the future of New Hampshire's Medicaid Program. The outcomes of this analysis were not encouraging.

First, by examining Medicaid's spending direction, DHHS concluded that the program costs would rapidly begin to expand at a significant rate. This expansion would soon put substantial pressure on the State's operating budget, potentially marginalizing other spending priorities, including education, public safety and the environment. Using inflation figures from the Consumer Price Index (CPI), DHHS projected annual program costs would grow to nearly \$2 billion over 10 years. This led DHHS to question whether the financial growth in Medicaid is sustainable in the program's current form.

Second, it became evident that many of the processes developed over time to deliver Medicaid benefits were done in isolation of each other and then adapted to meet changes as they occurred. As a result, a fragmented service delivery system exists which is neither efficient nor effective.

The Department's GraniteCare proposals were developed with this knowledge of the realities of Medicaid's delivery system and financial future, after the federal Department of Health and Human Services asked DHHS to develop a Medicaid program that fits the State's unique needs. One area federal Medicaid officials specifically addressed was a need to correct New Hampshire's top-heavy bias towards nursing home care for seniors.

GraniteCare does not address this future by recommending major changes to either eligibility or benefits. Those are policy decisions that, by their nature, can only be addressed by the Legislature. Instead, GraniteCare does propose to revamp the Medicaid program while continuing the delivery of critical services to the State's citizens in need. GraniteCare proposes changes to the service delivery system for Medicaid.

DHHS views these changes as real opportunities for improving the health and well-being of those who use Medicaid as well as the seniors of the state. GraniteCare initiatives that will strengthen the services the Department offers include providing care for seniors in home and community environment, not nursing homes, giving recipients choice for where and how they get their care and creating incentive for positive health outcomes.

A true focus of GraniteCare has been to place a strong emphasis on prevention. Presently, the New Hampshire's Medicaid program waits for our recipients to become ill

and the State will then pay for services. This does not treat those who use the program with the dignity and respect they ought to get, while driving costs upward.

GraniteCare remedies this through giving each Medicaid recipient a medical home to improve quality of care, create prevention based health savings accounts with incentives to seek out care as well as providing wellness care for seniors in the State, not just those who use Medicaid. These proposals are designed to improve the efficiency within the program by moving to less expensive service alternatives, promoting competition and reducing service utilization as a result of prevention and consumer choice.

The underlying financial outcomes projected in the GraniteCare proposals for CMS' consideration are, as in any modeling exercise, built around key critical assumptions. This document presents the Department's financial projections and their underlying assumptions. As with all aspects of the GraniteCare proposal, DHHS welcomes public comment on the data, which may be submitted by e-mail to MedicaidFeedback@dhhs.state.nh.us or in writing to:

John A. Stephen, Commissioner Attn: Medicaid Feedback Department of Health and Human Services 129 Pleasant St, Concord NH 03301.

Any federal Medicaid waiver requires a budget neutrality estimate over the course of a 5-year period. The financial information included with this document was prepared using the guidelines for this process.

The budget neutrality worksheet lists two scenarios, one with the implementation of a waiver, or waivers, and one without (i.e. keeping the program in its current form). The difference between the two shows the fiscal impact of GraniteCare on the Medicaid budget.

The net savings of GraniteCare is estimated to be about \$280 million This includes total funds. DHHS feels these numbers are conservative for several reasons. GraniteCare does not make use of premiums, co-payments or reductions in eligibility, nor does it factor in any savings attributed to expanded "look back" provisions or increased estate recoveries. These are separate policy matters that will undoubtedly be considered by the legislature.

Additionally, this document does not consider the effects of cost shifting from the private insurance market into Medicaid or the SCHIP program, an area of concern raised by federal authorities. They have asked the State to review ways to minimize this practice. Also, GraniteCare includes the full funding and elimination of the developmental disability priority one waiting list.

Finally, GraniteCare presumes a phased in approach to the change initiatives.

This will give DHHS the opportunity to operationalize the proposal over time and build the necessary infrastructure to support this proposal.

DHHS would like to thank the Legislative Fiscal Committee for the approval to move forward to begin negotiations with the federal government on the GraniteCare proposals. Ultimately, as the branch of government charged with making policy decisions, the legislature will need to approve any final changes to Medicaid. We welcome the opportunity to assist them in the decision-making endeavor.

II. Key Factors Underlying GraniteCare

- □ DHHS does not set social policy; policy makers decide. DHHS provides analysis, recommendations and options for consideration by the policy makers and all stakeholders.
- □ Population in the State is growing consistent with national trends, which include accelerated growth in the elderly population who are more likely to require home care and nursing home services.
- □ DHHS anticipates continuing pressure at the Federal level to control spending for Medicaid, further reinforcing the need for modernizing the program.
- □ The primary service delivery systems were designed over 25 years ago and have inefficient and redundant operations. While these systems have been subject to many changes over the years, a systemic review of the entire service delivery system has never been done until GraniteCare.
- The strategic use of information and communications technologies, which were not generally available at the time the primary systems of care were developed, is essential to enabling a greater level of integration and leads to more effective service outcomes and process efficiencies. Off-the-shelf technologies available include: personal computers, the Internet, mobile communications, personal digital assistants, database technologies, collaboration software and electronic mail.
- □ Integration of service delivery systems using a range of options could result in substantial operating efficiencies and effectiveness.
- GraniteCare is not a single proposal, and implementation of some aspects of GraniteCare can be done without Federal waiver approval. One example of this is the HomeCare Works initiative, which would provide opportunities for some welfare recipients to enter medical or home health care careers.
- GraniteCare proposals currently are being defined at a detailed operational level. Additional levels of detail will be developed through working with the Federal government, the Legislature and key stakeholders. However, DHHS has outlined some operational concepts for consideration, enabling stakeholders to understand the potential implications of the concept.
- □ GraniteCare consists of several phases including continued research and analysis, conceptual models, detailed design and future implementation, contingent, in large part, on New Hampshire legislative approval.
- □ GraniteCare proposals are person-centered with an emphasis on family supports. Providers are key stakeholders and are integral to the delivery of services, but they are not the focal point for the system changes.
- □ DHHS is implementing its own shared services model where common administrative functions support diverse program divisions and populations. DHHS seeks to achieve further community-based collaboration.
- Presently, the Medicaid program places a low emphasis on prevention, particularly for seniors, who otherwise might require nursing care. For example, adult medical day care, which offers wellness programs for many seniors, represents less that one percent of the Department's budget for elderly and adult services.

- □ Long-term care insurance has less than one percent market penetration in New Hampshire. Other states have done a great deal to emphasize and incentivize the purchase of this important insurance product. For instance, Nebraska has 14 percent market penetration. An increase in purchase in long-term care insurance could dramatically reduce the State's Medicaid long-term care costs. GraniteCare emphasizes prevention and responsible self-care.
- The financial projections on the following pages do not include other initiatives implemented in many other states such as co-payments, premiums or reductions in eligibility that the Legislature could enact, should it so choose, to bring additional savings to the Medicaid program.
- □ Financial projections are based on the positive outcomes other states have achieved through best practices.

III. Waivers

Implementation of the major elements of GraniteCare will require a federal waiver of current Medicaid regulations. The Department is in the process of formulating the necessary documentation for a comprehensive waiver, but legislative approval is necessary before a formal waiver request can be submitted. Although there are a number of proposals in GraniteCare that do not require waiver authority, the federal Centers for Medicare and Medicaid Services (CMS) and DHHS agree that the Department must develop the necessary budget neutrality working papers in seeking a waiver. The nature and form of any waiver or waivers is still a matter for discussion and negotiation between federal and State officials and ultimately legislative approval. GraniteCare could take the form of a number of individual waivers, one significant waiver for the entire Medicaid program or a variety of possibilities in between

There have been concerns expressed that the budget neutrality limits of a Medicaid waiver would expose the State to financial risks in the event of unforeseen program cost increases. However, there are several provisions of standard waiver terms and conditions that allow renegotiation of waiver budget agreements. For example, renegotiations can protect the State in certain instances where there have been changes in the enforcement of laws and regulations, changes in federal law that affect the Medicaid program, and system-wide fee increases.

The following summarizes the data used to complete the GraniteCare projections:

- □ The "historical 2005" shows projected Medicaid expenditures for State Fiscal Year 2005.
- □ The Projections for 2006 to 2010 labeled "WOW" are "without waiver." These project the total Medicaid expenditures should the State <u>not</u> pursue any waivers nor implement any provision of GraniteCare that does not require a waiver.
- □ Projections labeled "with waiver" include proposals requiring a waiver and those which could be implemented without a federal waiver.
- Cost and growth estimates for each segment of the program reflect actual experience from 2000 through 2005, the projections used for the Department's Maintenance budget submitted on November 1, 2004 and modified projections that account for required increases in rates, threats of litigation and other trends.

		Totals in	Historical		2006	Aggregate		2010		2006	Aggregate		2010
Total Dollars		2005	Growth		Projections	Growth		Projections		Projection	Growth		Projections
Segment			00 - '05		"WOW"			"WOW"		w/ Waiver			w/Waiver
SCHIP	\$	8,424,736	312.11%	\$	10,764,056	119.02%	\$	23,575,818	\$	10,764,056	89.16%	\$	20,361,271
POP > 133% FPL	\$	20,411,773	77.05%	\$	23,710,579	56.90%	\$	37,202,035	\$	23,710,579	35.51%	\$	32,129,626
POP < 133% FPL	\$	353,221,957	78.99%	\$	410,261,043	56.53%	\$	642,185,289	\$	410,300,059	40.87%	\$	577,974,805
Nursing Home	\$	237,426,900	78.99%	s	238,065,500	30.11%	\$	309,755,732	\$	226,174,560	-4.13%	s	216,829,012
Mid-Level	\$	2,331,117	1165.37%	\$	3,555,452	103.91%	\$	7,249,802	\$	3,555,452	125.65%	\$	8,022,835
HCBC	\$	27,674,640	86.00%	\$	29,111,670	52.16%	\$	44,297,538	\$	34,354,530	144.74%	\$	84,078,569
Other Nursing Homes	\$	4,057,300	74.33%	S	4,024,419	28.10%	\$	5,155,257	\$	4,024,419	28.10%	\$	5,155,257
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Developmental Services	\$	156,872,791	28.56%	\$	156,657,118	52.49%	\$	238,885,191	\$	153,523,976	47.82%	\$	226,940,916
Medicaid to Schools	\$	34,000,008	17.35%	\$	35,599,977	34.93%	\$	48,034,703	\$	34,888,019	30.80%	\$	45,633,056
Community Mental Health	\$	72,524,203	5.77%	\$	75,850,432	43.64%	\$	108,952,187	\$	74,333,423	39.24%	\$	103,504,623
NHH_APS/Philbrook	\$	3,116,668	133.47%	\$	3,645,708	36.83%	\$	4,988,366	\$	3,645,708	36.83%	\$	4,988,366
NHH_THS	\$	2,838,818	68.80%	\$	3,257,660	39.00%	\$	4,528,224	\$	3,257,660	39.00%	\$	4,528,224
Glencliff	\$	7,514,764	-9.96%	\$	7,452,648	21.48%	\$	9,053,323	\$	7,452,648	12.95%	\$	8,418,002
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Childrens Services	\$	26,137,166	142.96%	\$	28,537,160	70.63%	\$	48,692,958	\$	28,537,160	70.63%	\$	48,692,958
New_Pregnant Women	\$	-		\$	-		\$	-	\$	3,645,000	99.24%	\$	7,262,154
Total	s	956,552,842		S	1,030,493,423		s	1,532,556,422	s	1,022,167,250		S	1,394,519,673

IV. Critical Financial Assumptions

A. Without Waiver

Current trends within the Medicaid program (without waiver estimates of costs) must be estimated for waiver negotiations.

- As GraniteCare involves the implementation of a number of programs across a number of Medicaid populations, CMS guidelines require the development of expenditure simulations for each population affected. For simplicity's sake, the entire Medicaid program was broken into 14 program areas. Each of these was simulated individually.
- □ CMS requires that estimates of trends in the Medicaid program be based on actual expenditures adjusted for any official projected modifications of those changes such as proposed legislative action or other policy initiatives.
- □ Trends were developed based on actual and projected changes year-to-year for 2000-2007. Data for 2005 through 2007 represent legislatively authorized expenditures adjusted for expected deficits and the maintenance budget submitted on November 1, 2004. These historical trends were then adjusted where:
 - a. policy changes resulted in significant short-term effects unrealistic to portray as long-term trends (e.g. SCHIP);
 - b. socio-demographic changes indicated historic trends were either too high or too low (e.g. growth in number of elderly receiving services);
 - c. average cost increases were less than the Department's estimates of medical inflation (4.2%).
- □ Expenditure estimates for 2006-2010 were developed by taking estimates of average costs and number of enrollees based on the SFY '06-07 agency maintenance request, and using Department trends to project program expenditures from 2007-2010.
- □ As GraniteCare involves the implementation of a number of programs across a number of Medicaid populations, CMS guidelines require the development of expenditure simulations for each population affected.
 - For simplicity's sake, the entire Medicaid program was broken into 14 program areas. Each of these was simulated individually. They are as follows:
 - □ Title XXI Children's Health Insurance Program (SCHIP)
 - □ Title XIX **Healthy Kids Gold**: incomes greater than or equal to 133% to 185% of Federal Poverty Level*
 - □ Title XIX **Healthy Kids Gold**: incomes below 133% of Federal Poverty Level*
 - Nursing Home
 - Mid-level care

- □ Home and Community Based Care/ECI
- Other nursing homes
- Developmental disabilities services: Home and Community Based Care
- Developmental disabilities services: Medicaid to Schools
- Community Mental Health
- □ Children's Purchased Services
- □ New Hampshire Hospital/Philbrook Center
- □ New Hampshire Hospital/Transitional Housing
- □ Glencliff Home for the Elderly

^{*} Federal Poverty Level for a family of four, \$25,070 is 133% of the FPL and \$56,550 is 300%.

Program Segment	Estimated Change in	Estimate Change in Ave.
	<u>Enrollment</u>	<u>Cost</u>
SCHIP	10.0%	9.4%
>133% to 185% FPL	6.4%	5.9%
> 133% FPL	5.0%	7.2%
Nursing Home	2.0%	5.8%
Mid-Level	16.0%	6.0%
HCBC-ECI	7.6%	4.2%
Other Nursing Home	3.1%	5.1%
Developmental Services	6.9%	4.2%
Medicaid to Schools	3.8%	4.2%
Community Mental	5.7%	5.2%
Health		
Child Protection	11.2%	6.6%
APS/Philbrook	5.7%	4.2%
APS/Transitional	6.3%	5.0%
Housing		
Glencliff	2.5%	4.2%

- □ Trends in **bold** above indicate trend rate different than the 2000-2007 budgeted amounts.
- □ For mental health services, enrollment trends were negative. These were adjusted to reflect population changes aw the negative growth was a result of policy changes unlikely to continue.
- □ For nursing home services, negative trends in nursing home enrollment are unlikely to continue given population changes. Estimates reflect current participation rates with the elderly population.
- □ Some growth trends are high due to recent implementation of either rate changes or program expansion.
- □ Nursing home average costs were adjusted to reflect the Medicaid Quality Incentive Program (MQIP) changes effective in 2004.
- □ Growth in enrollment at Philbrook is expected to be lower than historical trends and was adjusted down to 5.7%.

Summary of GraniteCare

GraniteCare Summary							
Year		2006	2007	2008	2009		2010
Total Program Without Waiver	\$	1,030,493,423	\$ 1,109,529,473	\$ 1,235,067,659	\$ 1,375,227,877	\$	1,532,556,422
Total Program With Waiver	\$	1,022,167,250	\$ 1,063,253,806	\$ 1,164,620,302	\$ 1,261,324,305	\$	1,394,519,673
Medical Cost Savings Yearly	\$	8,326,174	\$ 46,275,668	\$ 70,447,357	\$ 113,903,572	\$	138,036,748
Medical Cost Savings Cummulative	\$	8,326,174	\$ 54,601,841	\$ 125,049,198	\$ 238,952,771	\$	376,989,519
Investment Costs							
Health Services Accounts Incentives	\$	1,331,000	\$ 2,826,375	\$ 3,043,164	\$ 3,277,436	\$	3,530,672
PCCM	\$	-	\$ 6,738,876	\$ 7,407,282	\$ 8,143,157	\$	8,953,471
Information Technology	\$	3,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$	5,000,000
Single Point of Entry	\$	1,500,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$	3,000,000
Evidence Based Practice	\$	1,500,000	\$ 1,300,000	\$ 1,300,000	\$ -	\$	-
Elder Care Prevention	\$	937,500	\$ 1,465,313	\$ 1,526,856	\$ 1,909,180	\$	2,210,406
Total Investment Costs	\$	8,268,500	\$ 20,330,564	\$ 21,277,302	\$ 21,329,773	\$	22,694,549
Total with Waiver & Investment Costs	\$	1,030,435,750	\$ 1,083,584,370	\$ 1,185,897,604	\$ 1,282,654,078	\$	1,417,214,222
Net Yearly Savings	\$	57,674	\$ 25,945,104	\$ 49,170,055	\$ 92,573,799	\$	115,342,199
Cummulative Savings	\$	57,674	\$ 26,002,777	\$ 75,172,832	\$ 167,746,632	\$	283,088,831

GRANITECARE PROPOSALS

I. Rebalancing the Long Term Care System

The long-term care rebalancing proposals include the following major components:

- Diversion: a process to divert potential recipients from most expensive nursing care settings to less expensive and more flexible community-based care options
- □ Community Infrastructure Development: the design and development of a continuum of care options to accommodate greater numbers of recipients, including mid-level care, other family supports and related social services
- □ **HomeCare Works**: the provision of opportunities for some welfare recipients to enter medical or home health care careers
- □ **Assessment Tool**: the design, development and uniform implementation of a standardized assessment tool for all potential recipients of long-term care services
- □ **Individual Incentives**: a means to create various forms of incentives for New Hampshire citizens to procure long-term care insurance
- □ **Prevention and Wellness**: the design and implementation of a wide range of wellness and prevention programs, such as fall prevention, to address key factors contributing to nursing level care
- □ Education: an effort to ensure the availability and access to information for potential recipients and their families to make informed choices
- □ SPE (Single Point of Entry) Linkage: the migration of the front end of the system into regional "single point of entry resource centers"
- □ Individual Budgets
- □ Recipient Choice

The financial model simulates long-term care expenditures for nursing home, midlevel and home and community based care. Key variables in the financial model include:

- □ Recipient enrollments
- □ Average cost per recipient
- □ Aggregate baseline expenditures in New Hampshire
- □ Inflation
- □ Medicaid Quality Incentive Program (MQIP) payments

A. Financial Assumptions

- □ A phased implementation period begins on July 1, 2005.
- □ New Hampshire's long-term care system relies heavily on expensive nursing home services and is a major concern of the Centers for Medicare and Medicaid Services (CMS). By all measures, New Hampshire is out of step with the nation.
- Over a five-year period, GraniteCare will reduce nursing home enrollments on a yearly basis by the following cumulative amounts:
 - o Year 1 5%
 - o Year 2 10%

0	Year 3	13%
0	Year 4	23%
0	Year 5	30%
\circ	Year 6	30%

- □ These are targets and reflect the time required to plan, design and implement the community based care infrastructure needed to support greater numbers of recipients in the community.
- □ For Federal Fiscal Year 2002, New Hampshire was ranked 22nd in the nation with 7,542 beneficiaries using nursing home services or 50.2 per 1,000 elderly over the age of 65. A 30% reduction would rank New Hampshire 40th in the nation, based on today's figures, with a projected 35.1 per 1,000 elderly over the age of 65. However, other states are implementing similar initiatives to reduce reliance on nursing home care.
- □ Home and Community Based Care (HCBC) enrollment grows 18% per year.
- □ HCBC average costs grow at 6% per year and reflect fee increases for critical access home care
- □ Mid-level growth is projected to be 16% per year beginning July 1, 2006
- □ The Medicaid Quality Incentive Program (MQIP) effectively increases nursing home rates by 18%.
- □ The Elderly Fall Prevention Program will phase in beginning in July 2005. Key assumptions supporting projected costs include:
 - The program is targeted to all seniors, not just those eligible for HCBC or nursing home level of care.
 - o Projected maximum targeted population is 3,000 per year
 - o Per recipient costs are estimated at \$625 per recipient. These costs will increase at 4.2% per year.
 - The financials assume that the program will expand to the full capacity over the five-year period as follows:

•	2006	1,500 recipients
•	2007	2,250 recipients
•	2008	2,250 recipients
•	2009	2,700 recipients
•	2010	3.000 recipients

- ☐ The nursing home population turns over roughly every 2.5 years.
- □ HCBC/ECI and nursing home slots will grow at a rate equal to that of the over 85-population segment in the State or about 2%.
- Cost increases per year are assumed to establish and maintain rates at levels to encourage current existing and new partners to participate in the program.
- The model reflects costs and projections for nursing home care, mid-level care and home and community based care. The models do not reflect the costs of related medical and prescription drug expenditures. Those are modeled in the Managing Care initiative on page 25.
- □ Investments will be required to develop a home and community based infrastructure. Infrastructure includes workforce recruitment and development, and a range of social and support services including transportation. Investments costs are embedded in the projected costs with waiver costs.

□ A standardized and uniformly applied assessment process, along with changes to the level of care requirements, for all access (public and private) to both nursing home and home and community based care programs will be developed and implemented by July 1, 2005.

B. Operational Assumptions

- □ The implementation of the concept will be phased in beginning July 1, 2005.
- □ GraniteCare does not propose to remove current residents from nursing homes.
- □ Investments will be required to develop a home and community based infrastructure. Infrastructure includes workforce recruitment and development and a range of social and support services including transportation.
- The current service delivery system supporting families and people with disabilities is a significant asset upon which the State can build. Strong interest in expanding services to the State's elder citizens has been shown by many of the Developmental Disabilities Area Agencies.
- □ The infrastructure must be in place prior to diversion of recipients to nursing home alternatives.
- □ A standardized and uniformly applied assessment process, along with changes to the level of care requirements, for all access (public and private) to both nursing home and home and community based care programs will be developed and implemented.
- □ Every recipient will have an individual budget established at the point of system entry.
- □ The full impact of the concept is dependent upon the implementation of the Single Point of Entry system.
- ☐ There are no caps on the number of nursing home beds or on home and community based care waiver slots.
- □ Nursing home level of care will be available for those who need it.
- □ DHHS will provide technical assistance to senior centers
- □ Increased "look-back" periods together with greater use of long-term insurance will help in reducing the percentage of nursing home residents who rely solely on Medicaid as a payment source.
- □ The State will reduce the cap on allowable Medicaid nursing home beds in the State Medicaid Plan to ensure that back-filling of beds does not occur when more people are diverted to alternative care options.

C. Other Information

- □ Since 2000, New Hampshire has experienced a real 6% reduction in nursing home beds reflecting the impact of \$12M investment in home and community based care services made by the Legislature. An investment 5 times that amount over the next 5 years will result in further reductions and significantly higher savings.
- □ Community based care is preferred by recipients and their families over nursing home care when those alternatives exist, based upon several surveys, most notably those by the AARP.

D. Summary Financial Data - Nursing Home Segment

Nursing Home-Historical	2000	2001	2002	2003	2004	2005
Historical: 2000-2005						
Enrollment	5,114	4,967	4,878	4,808	4,861	4,850
Annual Growth Rate		-2.87%	-1.79%	-1.44%	1.10%	-0.23%
Growth 2000 to 2005						-5.16%
Average Cost	\$ 34,976.00	\$ 35,296.00	\$ 35,993.00	\$ 38,975.00	\$ 47,922.00	\$ 48,954.00
Annual Growth Rate		0.91%	1.97%	8.28%	22.96%	2.15%
Growth 2000 to 2005						39.96%
Total Cost	\$ 178,867,264	\$ 175,315,232	\$ 175,573,854	\$ 187,391,800	\$ 232,948,842	\$ 237,426,900
Annual Growth Rate		-1.99%	0.15%	6.73%	24.31%	1.92%
Growth 2000 to 2005						32.74%
Nursing Home-Without Waiver	2006	2007	2008	2009	2010	
Projections: 2006-2010						
Enrollment	4,825	4,817	4,913	5,010	5,110	
Annual Growth Rate		-0.17%	1.99%	1.97%	2.00%	
Growth 2006 to 2010					5.91%	
Average Cost	\$ 49,340.00	\$ 51,154.00	\$ 54,131.81	\$ 57,282.97	\$ 60,617.56	
Annual Growth Rate		3.68%	5.82%	5.82%	5.82%	
Growth 2006 to 2010					22.86%	
Total Cost	\$ 238,065,500	\$ 246,408,818	\$ 265,949,583	\$ 286,987,680	\$ 309,755,732	
Annual Growth Rate		3.50%	7.93%	7.91%	7.93%	
Growth 2006 to 2010					30.11%	
Nursing Home-With Waiver	2006	2007	2008	2009	2010	
Projections: 2006-2010						
Enrollment	4,584	4,335	4,274	3,858	3,577	
Annual Growth Rate		-5.43%	-1.41%	-9.73%	-7.28%	
Growth 2006 to 2010					-21.97%	
Average Cost	\$ 49,340.00	\$ 51,154.00	\$ 54,131.81	\$ 57,282.97	\$ 60,617.56	
Annual Growth Rate		3.68%	5.82%	5.82%	5.82%	
Growth 2006 to 2010					22.86%	
Total Cost	\$ 226,174,560	\$ 221,752,590	\$ 231,359,356	\$ 220,997,698	\$ 216,829,012	
Annual Growth Rate		-1.96%	4.33%	-4.48%	-1.89%	
Growth 2006 to 2010					-4.13%	

Mid-Level Care Segment

Mid Level-Historical		2000	2001	2002	2003	2004	2005
Historical: 2000-2005							
Enrollment		38	96	152	159	141	179
Annual Growth Rate			152.63%	58.33%	4.61%	-11.32%	26.95%
Growth 2000 to 2005							371.05%
Average Cost	\$	4,848.00	\$ 7,105.00	\$ 7,774.00	\$ 7,802.00	\$ 8,600.00	\$ 13,023.00
Annual Growth Rate			46.56%	9.42%	0.36%	10.23%	51.43%
Growth 2000 to 2005							168.63%
Total Cost	\$	184,224	\$ 682,080	\$ 1,181,648	\$ 1,240,518	\$ 1,212,600	\$ 2,331,117
Annual Growth Rate			270.24%	73.24%	4.98%	-2.25%	92.24%
Growth 2000 to 2005							1165.37%
Mid Level-Without Waiver		2006	2007	2008	2009	2010	
Projections: 2006-2010							
Enrollment		212	222	258	299	347	
Annual Growth Rate			4.72%	16.22%	15.89%	16.05%	
Growth 2006 to 2010						63.68%	
Average Cost	\$	16,771.00	\$ 17,542.00	\$ 18,594.52	\$ 19,710.19	\$ 20,892.80	
Annual Growth Rate			4.60%	6.00%	6.00%	6.00%	
Growth 2006 to 2010						24.58%	
Total Cost	\$	3,555,452	\$ 3,894,324	\$ 4,797,386	\$ 5,893,347	\$ 7,249,802	
Annual Growth Rate			9.53%	23.19%	22.84%	23.02%	
Growth 2006 to 2010						103.91%	
Mid Level-With Waiver		2006	2007	2008	2009	2010	
Projections: 2006-2010							
Enrollment		212	246	285	331	384	
Annual Growth Rate			16.04%	15.85%	16.14%	16.01%	
Growth 2006 to 2010						81.13%	
Average Cost	\$	16,771.00	\$ 17,542.00	\$ 18,594.52	\$ 19,710.19	\$ 20,892.80	
Annual Growth Rate			4.60%	6.00%	6.00%	6.00%	
Growth 2006 to 2010						24.58%	
Total Cost	\$	3,555,452	\$ 4,315,332	\$ 5,299,438	\$ 6,524,073	\$ 8,022,835	
Annual Growth Rate			21.37%	22.80%	23.11%	22.97%	
Growth 2006 to 2010						125.65%	
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HCBC-ECI Segment

HCBC/ECI-Historical		2000	2001	2002	2003	2004		2005
Historical: 2000-2005								
Enrollment		1,318	1,554	1,731	1,876	1,940		2,040
Annual Growth Rate			17.91%	11.39%	8.38%	3.41%		5.15%
Growth 2000 to 2005								54.78%
Average Cost	\$	11,289.00	\$ 10,855.00	\$ 11,241.00	\$ 11,425.00	\$ 12,970.00	\$	13,566.00
Annual Growth Rate			-3.84%	3.56%	1.64%	13.52%		4.60%
Growth 2000 to 2005								20.17%
Total Cost	\$	14,878,902	\$ 16,868,670	\$ 19,458,171	\$ 21,433,300	\$ 25,161,800	\$	27,674,640
Annual Growth Rate			13.37%	15.35%	10.15%	17.40%		9.99%
Growth 2000 to 2005								86.00%
HCBC/ECI-Without Waiver		2006	2007	2008	2009	2010		
Projections: 2006-2010								
Enrollment		2,110	2,180	2,345	2,523	2,713		
Annual Growth Rate			3.32%	7.57%	7.59%	7.53%		
Growth 2006 to 2010						28.58%		
Average Cost	\$	13,797.00	\$ 14,432.00	\$ 15,038.14	\$ 15,669.75	\$ 16,327.88		
Annual Growth Rate			4.60%	4.20%	4.20%	4.20%		
Growth 2006 to 2010						18.34%		
Total Cost	\$	29,111,670	\$ 31,461,760	\$ 35,264,438	\$ 39,534,779	\$ 44,297,538		
Annual Growth Rate			8.07%	12.09%	12.11%	12.05%		
Growth 2006 to 2010						52.16%		
HCBC/ECI-With Waiver		2006	2007	2008	2009	2010		
Projections: 2006-2010								
Enrollment		2,490	2,938	3,467	4,091	4,827		
Annual Growth Rate			17.99%	18.01%	18.00%	17.99%		
Growth 2006 to 2010						93.86%		
Average Cost	\$	13,797.00	\$ 14,264.82	\$ 15,502.31	\$ 16,432.45	\$ 17,418.39		
Annual Growth Rate		•	3.39%	8.68%	6.00%	6.00%		
Growth 2006 to 2010						26.25%		
Total Cost	\$	34,354,530	\$ 41,910,041	\$ 53,746,509	\$ 67,225,153	\$ 84,078,569		
Annual Growth Rate			21.99%	28.24%	25.08%	25.07%		
Growth 2006 to 2010						144.74%		
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Other Nursing Home Segment

Other NH-Historical		2000	2001	2002	2003	2004	2005
Historical: 2000-2005							
Enrollment		40	39	42	42	45	50
Annual Growth Rate			-2.50%	7.69%	0.00%	7.14%	11.11%
Growth 2000 to 2005							25.00%
Average Cost	\$	58,183.00	\$ 64,496.00	\$ 70,978.00	\$ 75,771.00	\$ 81,620.00	\$ 81,146.00
Annual Growth Rate			10.85%	10.05%	6.75%	7.72%	-0.58%
Growth 2000 to 2005							39.47%
Total Cost	\$	2,327,320	\$ 2,515,344	\$ 2,981,076	\$ 3,182,382	\$ 3,672,900	\$ 4,057,300
Annual Growth Rate			8.08%	18.52%	6.75%	15.41%	10.47%
Growth 2000 to 2005							74.33%
Other NH-Without Waiver		2006	2007	2008	2009	2010	
Projections: 2006-2010							
Enrollment		49	49	51	52	54	
Annual Growth Rate			0.00%	4.08%	1.96%	3.85%	
Growth 2006 to 2010						10.20%	
Average Cost	\$	82,131.00	\$ 82,131.00	\$ 86,355.55	\$ 90,797.40	\$ 95,467.72	
Annual Growth Rate			0.00%	5.14%	5.14%	5.14%	
Growth 2006 to 2010						16.24%	
Total Cost	\$	4,024,419	\$ 4,024,419	\$ 4,404,133	\$ 4,721,465	\$ 5,155,257	
Annual Growth Rate			0.00%	9.44%	7.21%	9.19%	
Growth 2006 to 2010						28.10%	
Other NH-With Waiver		2006	2007	2008	2009	2010	
Projections: 2006-2010							
Enrollment		49	49	51	52	54	
Annual Growth Rate			0.00%	4.08%	1.96%	3.85%	
Growth 2006 to 2010						10.20%	
Average Cost	\$	82,131.00	\$ 82,131.00	\$ 86,355.55	\$ 90,797.40	\$ 95,467.72	
Annual Growth Rate			0.00%	5.14%	5.14%	5.14%	
Growth 2006 to 2010						16.24%	
Total Cost	\$	4,024,419	\$ 4,024,419	\$ 4,404,133	\$ 4,721,465	\$ 5,155,257	
Annual Growth Rate			0.00%	9.44%	7.21%	9.19%	
Growth 2006 to 2010						28.10%	
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II. Single Point of Entry (SPE) Resource Centers

The Single Point of Entry Resource Center concept has the following major components:

- □ **Information Resource Center:** focal point for information on recipient choices, resource and benefit availability
- □ Prescreening and Triage:
- □ Comprehensive Assessment and Eligibility Determination:
- □ Individual Recipient Budget:
- □ Choice
- □ Care Coordination
- **□** Enabling Information Systems:

Key variables in the financial model include:

- □ Baseline expenses for each of the three systems
- □ Baseline expenses for functions in the SPE
- □ Recipients and caseloads

A. Financial Assumptions

- □ A single organizational structure and integrated data platform in the provision of Single Point of Entry services will result in both efficiency and managerial and budget flexibility.
- □ Funding the single point of entry system comes largely through the realignment of the existing service delivery systems. Additional investment costs are projected as follows:

0	2006	\$1,500,000
0	2007	\$3,000,000
0	2008	\$3,000,000
0	2009	\$3,000,000
0	2010	\$3,000,000

B. Operational Assumptions

- □ The Single Point of Entry (SPE) will be an organization under contract with DHHS to assess, diagnose, create a treatment and financial plan, and ensure services required by clinically eligible recipients with behavioral health needs, developmental disability needs, and/or long term care needs associated with aging.
- □ There are considerable similarities and specific needs of specialization in the assessment, planning, annual treatment plan review, and care management of all home and community based

- □ There are clinical benefits and cost efficiency of documented comprehensive care management collaboration between and among primary care medical services, long-term care and behavioral health care recovery services and co-morbid conditions.
- □ There is significant value in using standardized knowledge-based best practices in the assessment, treatment planning, and review processes and the use of state of the art disability specific assessment professionals and relevant assessment instruments and tests as needed.
- There is significant value in efficient care coordination, outcomes evaluation, and individual care plan financial monitoring based on continuing or changed needs and effectiveness of service delivery.
- □ A single organizational structure and integrated data platform in the provision of Single Point of Entry services will result in both efficiency and managerial and budget flexibility.
- The SPE envisions decoupling assessment, individual treatment and financial planning, and annual treatment plan review from the provider system(s) while ensuring the continuation of the safety net in the local community.
- Care coordination will assist the recipient with making available service provider choices, follow-up, transportation, access to and collaboration with co-occurring treatment services, primary care collaboration and access to preventive and routine medical services.
- □ The Single Point of Entry organization will develop an annual Medical Report Card which will measure the degree to which recipients met the outcome goals of their long term care/ behavioral health recovery treatment plan.
- ☐ The care coordinator will assure and assist the individual recipient with the choice of available providers and will monitor access and utilization
- □ There will be a clear delineation of "care coordination" or "care management" which resides in the SPE from the direct service functions of "case management."
- □ An information resource center is at the heart of the SPE and will provide information on a range of topics including
 - o Wellness and prevention
 - o Education and counseling
 - o Financial responsibility for addressing the cost of long-term care
 - o Available community social services
- Provisions will be made for the resource centers to implement the requirements for the Medicare Part D program
- □ The administration of the individual budget will follow the Federal "cash and counseling" model
- □ A phased implementation is anticipated:
 - o Phase 1, targeted pilot implementations in select regions
 - Phase 2, integration of the elder services and the developmental services populations into the resource center
 - Phase 3, integration of primary care with the behavioral health services population
 - o Phase 4, further integration of other populations into the resource center

- □ Existing community resources such as Service Link and the Aging and Disability Resource Centers (ADRC) will be integrated into the SPE
- □ Individual budgets driven by the SPE require DHHS approval
- □ DHHS will not operate the SPE

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III. Managing Care

There are several key elements of the managing care conceptual model:

- □ **Medical Home**: for all Medicaid recipients
- □ Disease Management
- □ Primary Care Case Management
- □ Pay for Performance System
- □ Medical Report Cards
- □ Care Coordination Organization

The financial model simulates acute care expenditures, including pharmaceutical and other major medical services, and the impact of implementing a comprehensive care management system. Key variables in the financial model include:

- □ Baseline expenditures in New Hampshire
- □ Number of recipients (unduplicated count for State Fiscal Year 2004)
- Caseloads
- Per Member Per Month cost for implementation of a comprehensive care management system across the entire Medicaid recipient base including those with a Health Services Account
- □ Return on investment from a comprehensive care management strategy

A. Financial Assumptions

□ Primary Care Case Management costs on a per member per month basis are projected at \$4.50 in the first year with these costs growing at 4.2% per year as follows:

0	2006	Not applicable
0	2007	\$4.50
0	2008	\$4.69
0	2009	\$4.89
0	2010	\$5.09

- □ First year implementation will see no significant savings.
- □ Savings will be realized through the combined impacts of the medical home for each recipient, and the implementations of a disease management program and primary care case management.
- These combined factors project a reduction off trends of approximately 18.2%. This is based on the experience in other states with managed care as well as operational data from the New Hampshire SCHIP program. The GraniteCare program projects a more modest 10% impact on cost trends. The impact of these benefits will be phased in over the five-year period.

- o 2006 will see minimal impact as the program implementation is effective July 1, 2006
- o 2007 will see 50% of the impact for a reduction of 5% off trend
- o 2008 will see 75% of the impact for a reduction of 7.5% off trend
- o 2009 and beyond will see the full impact for a 10% reduction off trend
- Rates will be enhanced with a "pay for performance" reimbursement system.

B. Critical Assumptions

- □ The vision of the managing care concept is patient-level care coordination from prevention to end-of-life care; bridging financial and clinical management, fostering accountability for financial and health outcomes by aligning payment with performance, and coordinating benefits across the spectrum of DHHS services.
- □ Two strategies are anticipated: (1) managing the care of Medicaid recipients through a care coordination vendor, and (2) a provider pay for performance system through a strategy of primary care case management.

C. Managing Care

- ☐ There will be management of care via comprehensive care coordination:
 - DHHS will competitively contract with a vendor or vendors for comprehensive care coordination services. These services would comprise the high level administrative functions that health insurers normally conduct.
 - Care coordination will include both financial and clinical aspects integrated at the recipient level. This high-level care coordination will coordinate services across various other case management activities within DHHS programs to improve outcomes and reduce duplication of services.
 - Comprehensive care coordination would consist of the following components:
 - Coordination of various contracts for disease management, case management and utilization management.
 - High cost, high complexity case management using predictive modeling and an individualized intervention plan.
 - Linking recipients and providers to various DHHS programs and services. These include public health programs, immunization, home visiting, transportation, translation, elderly prevention services, substance abuse, and other programs.
 - Support to clients enrolled in Medicaid HSA
 - Provide recipient-level data and provider-level data to populate Medical report cards
- Services are best coordinated through a contracted vendor, structured explicitly to combine clinical and financial aspects by creating ownership and accountability for both financial and health outcomes. Options include a risk-based contract, or

a performance-based contract where the vendor is reimbursed on both health and cost saving measures

D. Payment for Performance via Primary Care Case Management

- □ Primary Care Case Management (PCCM) will be used to set a reimbursement methodology that maintains an adequate provider network, provides incentives for providers and holds providers accountable for health and financial outcomes.
- Using provider report card data from the care coordination vendor and from internal DHHS systems, the PCCM can provide enhanced reimbursement to providers based on health and financial outcomes. A tiered rate to additionally reward providers who see a large proportion of Medicaid clients could be added as well.
- □ There is potential for enhanced collaboration between Medicaid and some large systems of care for some specific processes or outcomes such as improved access to refugee health services, decreased emergency visits, etc.
- □ The implementation of a comprehensive care management approach is assumed for all acute care services required by the entire Medicaid recipient base. These include services provided to recipients with developmental disabilities, with severe and persistent mental illness and other eligible recipients.
- □ Providers are paid under existing Medicaid fee schedules
- □ DHHS will develop and deploy tools to actively profile the contracted PCCM organization(s) in order to select the most effective physicians from cost control and quality of care perspectives
- □ DHHS will provide technical assistance to help Federally Qualified Health Centers (FQHCs) to become PCCM providers
- □ PCCM physicians will require extensive information, technical assistance, authority to direct care, and tools to control costs.
 - These tools are not yet developed or in place and will require information technology investments
- □ Contract will provide educational support for recipients with a Health Services Account.
- □ First year implementation will see no significant savings. Savings are realized beginning in the second year and beyond.
- Rates will be enhanced with a "pay for performance" reimbursement system

E. Service Efficiencies

- A phased reduction in average costs to serve recipients of mental health services is projected. The primary cost efficiencies are based on a more aggressive management of mental health services. Other efficiencies are expected through greater level of integration of the service delivery systems for mental health, developmental services and elder services as well as stronger linkage to primary care. The projected average cost per recipient reductions are estimated as follows:
 - o 2006 2%
 - o 2007 4%

0	2008	5%
0	2009	5%
\circ	2010	5%

□ Investments are required for the implementation of the evidence based practice reimbursement method. These include costs for research, training, implementation and evaluation. Estimated investment costs per year are as follows:

0	2006	\$1,500,000
0	2007	\$1,300,000
0	2008	\$1,300,000

A phased reduction in average costs to serve recipients of developmental services is projected. The primary cost efficiencies are due to integration of the front-end assessment and care planning functions, impacts of more coordinated care management and other operating efficiencies due to service delivery system integration and merging of agencies. The projected average cost per recipient reductions are projected as HCBC-DD financial impacts, costs for developmental services will decline over the five year period

0	2006	2%
0	2007	4%
0	2008	5%
0	2009	5%
0	2010	5%

SCHIP

SCHIP-Historical		2000	2001	2002	2003	2004		2005
Historical: 2000-2005								
Enrollment		2,093	3,293	4,214	5,508	6,171		6,776
Annual Growth Rate			57.33%	27.97%	30.71%	12.04%		9.80%
Growth 2000 to 2005								223.75%
Average Cost	\$	976.74	\$ 1,126.29	\$ 1,275.84	\$ 927.24	\$ 1,165.56	\$	1,243.32
Annual Growth Rate			15.31%	13.28%	-27.32%	25.70%		6.67%
Growth 2000 to 2005								27.29%
Total Cost	\$	2,044,317	\$ 3,708,873	\$ 5,376,390	\$ 5,107,238	\$ 7,192,671	\$	8,424,736
Annual Growth Rate			81.42%	44.96%	-5.01%	40.83%		17.13%
Growth 2000 to 2005								312.11%
SCHIP-Without Waiver								
Projections: 2006-2010		2006	2007	2008	2009	2010		
Enrollment		7,436	8,091	8,900	9,790	10,769		
Annual Growth Rate			8.81%	10.00%	10.00%	10.00%		
Growth 2006 to 2010						44.82%		
Average Cost	\$	1,447.56	\$ 1,673.04	\$ 1,829.93	\$ 2,001.53	\$ 2,189.23		
Annual Growth Rate			15.58%	9.38%	9.38%	9.38%		
Growth 2006 to 2010						51.24%		
Total Cost	\$	10,764,056	\$ 13,536,567	\$ 16,286,377	\$ 19,594,979	\$ 23,575,818		
Annual Growth Rate			25.76%	20.31%	20.32%	20.32%		
Growth 2006 to 2010						119.02%		
SCHIP-With Waiver								
Projections: 2006-2010		2006	2007	2008	2009	2010		
Enrollment		7,436	8,091	8,900	9,790	10,769		
Annual Growth Rate			8.81%	10.00%	10.00%	10.00%		
Growth 2006 to 2010						44.82%		
Average Cost	\$	1,447.56	\$ 1,558.98	\$ 1,642.80	\$ 1,728.63	\$ 1,890.73		
Annual Growth Rate			7.70%	5.38%	5.22%	9.38%		
Growth 2006 to 2010						30.61%		
Total Cost	\$	10,764,056	\$ 12,613,707	\$ 14,620,920	\$ 16,923,288	\$ 20,361,271		
Annual Growth Rate			17.18%	15.91%	15.75%	20.32%		
Growth 2006 to 2010						89.16%		
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<133% FPL

<133%FPL-Historical	2000	2001	2002	2003	2004	2005
Historical: 2000-2005						
Enrollment	72,670	73,577	78,084	84,021	88,877	93,108
Annual Growth Rate		1.25%	6.13%	7.60%	5.78%	4.76%
Growth 2000 to 2005						28.12%
Average Cost	\$ 2,715.60	\$ 2,937.24	\$ 3,189.36	\$ 3,341.52	\$ 3,466.08	\$ 3,793.68
Annual Growth Rate		8.16%	8.58%	4.77%	3.73%	9.45%
Growth 2000 to 2005						39.70%
Total Cost	\$ 197,342,652	\$ 216,113,307	\$ 249,037,986	\$ 280,757,852	\$ 308,054,792	\$ 353,221,957
Annual Growth Rate		9.51%	15.23%	12.74%	9.72%	14.66%
Growth 2000 to 2005						78.99%
<133%FPL-Without Waiver	2006	2007	2008	2009	2010	
Projections: 2006-2010						
Enrollment	97,540	102,183	107,298	112,668	118,308	
Annual Growth Rate		4.76%	5.01%	5.00%	5.01%	
Growth 2006 to 2010					21.29%	
Average Cost	\$ 4,206.08	\$ 4,407.12	\$ 4,724.09	\$ 5,063.87	\$ 5,428.08	
Annual Growth Rate		4.78%	7.19%	7.19%	7.19%	
Growth 2006 to 2010					29.05%	
Total Cost	\$ 410,261,043	\$ 450,332,743	\$ 506,885,409	\$ 570,536,105	\$ 642,185,289	
Annual Growth Rate		9.77%	12.56%	12.56%	12.56%	
Growth 2006 to 2010					56.53%	
<133%FPL-With Waiver	2006	2007	2008	2009	2010	
Projections: 2006-2010						
Enrollment	97,540	102,183	107,298	112,668	118,308	
Annual Growth Rate		4.76%	5.01%	5.00%	5.01%	
Growth 2006 to 2010					21.29%	
Average Cost	\$ 4,206.48	\$ 4,186.79	\$ 4,369.83	\$ 4,557.54	\$ 4,885.34	
Annual Growth Rate		-0.47%	4.37%	4.30%	7.19%	
Growth 2006 to 2010					16.14%	
Total Cost	\$ 410,300,059	\$ 427,818,763	\$ 468,874,019	\$ 513,488,917	\$ 577,974,805	
Annual Growth Rate		4.27%	9.60%	9.52%	12.56%	
Growth 2006 to 2010					40.87%	

>133% FPL

>133% FPL-Historical		2000		2001		2002		2003		2004		2005
Historical: 2000-2005												
Enrollment		9,494		9,299		10,625		11,878		12,629		13,230
Annual Growth Rate				-2.05%		14.26%		11.79%		6.32%		4.76%
Growth 2000 to 2005												39.35%
Average Cost	\$	1,214.30	\$	1,357.68	\$	1,321.92	\$	1,391.40	\$	1,409.64	\$	1,542.84
Annual Growth Rate				11.81%		-2.63%		5.26%		1.31%		9.45%
Growth 2000 to 2005												27.06%
Total Cost	\$	11,528,564	\$	12,625,066	\$	14,045,400	\$	16,527,049	\$	17,802,344	\$	20,411,773
Annual Growth Rate				9.51%		11.25%		17.67%		7.72%		14.66%
Growth 2000 to 2005												77.05%
>133% FPL-Without Waiver		2006		2007		2008		2009		2010		
	-	2000		2007		2008		2009		2010		
Projections: 2006-2010 Enrollment	-	13,860		14,520		15,445		16,429		17.476		
Annual Growth Rate	-	13,800		4.76%		6.37%		6.37%		6.37%		
Growth 2006 to 2010	-			4./6%		0.3 /%		0.37%		26.09%		
	\$	1 710 72	•	1 704 72	\$	1 000 70	•	2.011.02	0			
Average Cost	3	1,710.72	\$	1,794.72	3	1,899.79	\$	2,011.02 5.85%	\$	2,128.75		
Annual Growth Rate				4.91%		5.85%		3.83%		5.85% 24.44%	-	
Growth 2006 to 2010	0	22.710.570	•	26.050.224	0	20.242.257	•	22 020 040	Φ.			
Total Cost Annual Growth Rate	\$	23,710,579	\$	26,059,334	\$	29,342,257	\$	33,039,048	\$	37,202,035	ļ	
				9.91%		12.60%		12.60%		12.60%		
Growth 2006 to 2010	-									56.90%		
>133% FPL-With Waiver	1	2006		2007		2008		2009		2010		
Projections: 2006-2010		2000		200.		2000		2007		2010		
Enrollment		13,860		14,520		15,445		16,429		17,476		
Annual Growth Rate		,		4.76%		6.37%		6.37%		6.37%		
Growth 2006 to 2010										26.09%		
Average Cost	\$	1,710.72	\$	1,672.37	\$	1,640.76	\$	1,736.82	\$	1,838.50		
Annual Growth Rate		,		-2.24%	·	-1.89%		5.85%	Ė	5.85%		
Growth 2006 to 2010										7.47%		
Total Cost	\$	23,710,579	\$	24,282,812	\$	25,341,538	\$	28,534,216	\$	32,129,626		
Annual Growth Rate				2.41%		4.36%		12.60%		12.60%		
Growth 2006 to 2010										35.51%		
												-

Developmental Services

Developmental Services-Historical	2000	2001	2002	2003		2004	2005
Historical: 2000-2005							
Enrollment	5,151	5,726	6,234	6,388		6,696	7,147
Annual Growth Rate	,	11.16%	8.87%	2.47%		4.82%	6.74%
Growth 2000 to 2005							38.75%
Average Cost	\$ 23,688.79	\$ 21,929.96	\$ 20,899.56	\$ 20,790.51	\$	21,575.59	\$ 21,949.46
Annual Growth Rate		-7.42%	-4.70%	-0.52%		3.78%	1.73%
Growth 2000 to 2005							-7.34%
Total Cost	\$ 122,020,957	\$ 125,570,951	\$ 130,287,857	\$ 132,809,778	\$	144,470,151	\$ 156,872,791
Annual Growth Rate		2.91%	3.76%	1.94%		8.78%	8.58%
Growth 2000 to 2005							28.56%
evelopmental Services-Without Waive	2006	2007	2008	2009		2010	
Projections: 2006-2010							
Enrollment	7,753	8,205	8,772	9,378		10,026	
Annual Growth Rate		5.83%	6.91%	6.91%		6.91%	
Growth 2006 to 2010						29.32%	
Average Cost	\$ 20,206.00	\$ 21,060.00	\$ 21,944.52	\$ 22,866.19	\$	23,826.57	
Annual Growth Rate		4.23%	4.20%	4.20%		4.20%	
Growth 2006 to 2010						17.92%	
Total Cost	\$ 156,657,118	\$ 172,797,300	\$ 192,497,329	\$ 214,439,130	\$	238,885,191	
Annual Growth Rate		10.30%	11.40%	11.40%		11.40%	
Growth 2006 to 2010						52.49%	
Developmental Services-With Waiver	2006	2007	2008	2009		2010	
Projections: 2006-2010							
Enrollment	7,753	8,205	8,772	9,378		10,026	
Annual Growth Rate		5.83%	6.91%	6.91%		6.91%	
Growth 2006 to 2010						29.32%	
Average Cost	\$ 19,801.88	\$ 20,217.60	\$ 20,847.29	\$ 21,722.88	\$	22,635.24	
Annual Growth Rate		2.10%	3.11%	4.20%		4.20%	
Growth 2006 to 2010						14.31%	
Total Cost	\$ 153,523,976	\$ 165,885,408	\$ 182,872,428	\$ 203,717,169	\$	226,940,916	
Annual Growth Rate		8.05%	10.24%	11.40%		11.40%	
Growth 2006 to 2010						47.82%	
					_		

Medicaid to Schools

	2000		2001	ı	2002		2003		2004		2005
	7,273		6,493		6,924		7,738		7,619		8,400
			-10.72%		6.64%		11.76%		-1.54%		10.25%
											15.50%
\$	3,983.56	\$	4,097.93	\$	3,214.59	\$	3,440.48	\$	3,926.13	\$	4,047.62
			2.87%		-21.56%		7.03%		14.12%		3.09%
											1.61%
\$	28,972,432	\$	26,607,859	\$	22,257,821	\$	26,622,434	\$	29,913,184	\$	34,000,008
			-8.16%		-16.35%		19.61%		12.36%		13.66%
											17.35%
	2006		2007		2008		2000		2010		
	2000		2007		2008		2009		2010		
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+	8,330		- ,		- ,		- ,				
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\$	4.080.47	\$	3.943.78	\$	4.066.62	\$	4.237.41	\$			
Ť	.,	7	-3.35%	Ť	3.11%	Ť	4.20%	-	4.20%		
t					/ -						
s	34.888.019	\$	36.479.965	\$	39.031.419	\$	42.204.604	\$			
1	,,/	_	4.56%	Ť	6.99%	Ť	8.13%	Ť	8.12%		
									30.80%		
		\$ 3,983.56 \$ 28,972,432 r 2006 \$ 4,163.74 \$ 35,599,977 2006 \$ 4,080.47	\$ 3,983.56 \$ \$ 28,972,432 \$ r 2006 \$ 4,163.74 \$ \$ 35,599,977 \$ 2006 \$ 8,550 \$ 4,080.47 \$	-10.72% \$ 3,983.56 \$ 4,097.93	\$ 3,983.56 \$ 4,097.93 \$ 2.87% \$ 28,972,432 \$ 26,607,859 \$ -8.16% r 2006 2007 \$ 8,550 9,250 \$ 8.19% \$ 4,163.74 \$ 4,108.11 \$ -1.34% \$ 35,599,977 \$ 38,000,018 \$ 6.74% \$ 2006 2007 \$ 8,550 9,250 \$ 8.19% \$ 4,080.47 \$ 3,943.78 \$ -3.35% \$ 34,888,019 \$ 36,479,965 \$	-10.72% 6.64% \$ 3,983.56 \$ 4,097.93 \$ 3,214.59	-10.72% 6.64% \$ 3,983.56 \$ 4,097.93 \$ 3,214.59 \$ 2.87% -21.56% \$ 28,972,432 \$ 26,607,859 \$ 22,257,821 \$ -8.16% -16.35% r 2006 2007 2008 \$ 8,550 9,250 9,598 \$ 8.19% 3.76% \$ 4,163.74 \$ 4,108.11 \$ 4,280.65 \$ -1.34% 4.20% \$ 35,599,977 \$ 38,000,018 \$ 41,085,679 \$ 6.74% 8.12% \$ 2006 2007 2008 \$ 8,550 9,250 9,598 \$ 8.19% 3.76% \$ 4,080.47 \$ 3,943.78 \$ 4,066.62 \$ -3.35% 3.11% \$ 34,888,019 \$ 36,479,965 \$ 39,031,419 \$	-10.72% 6.64% 11.76% \$ 3,983.56 \$ 4,097.93 \$ 3,214.59 \$ 3,440.48 2.87% -21.56% 7.03% \$ 28,972,432 \$ 26,607,859 \$ 22,257,821 \$ 26,622,434 -8.16% -16.35% 19.61% r 2006 2007 2008 2009 8,550 9,250 9,598 9,960 8.19% 3.76% 3.77% \$ 4,163.74 \$ 4,108.11 \$ 4,280.65 \$ 4,460.44 -1.34% 4.20% 4.20% \$ 35,599,977 \$ 38,000,018 \$ 41,085,679 \$ 44,425,982 6.74% 8.12% 8.13% 2006 2007 2008 2009 8,550 9,250 9,598 9,960 8.19% 3.76% 3.77% \$ 4,080.47 \$ 3,943.78 \$ 4,066.62 \$ 4,237.41 -3.35% 31,11% 4.20% \$ 34,888,019 \$ 36,479,965 \$ 39,031,419 \$ 42,204,604	\$ 3,983.56 \$ 4,097.93 \$ 3,214.59 \$ 3,440.48 \$ 2.87%	\$ 3,983.56 \$ 4,097.93 \$ 3,214.59 \$ 3,440.48 \$ 3,926.13	\$ 3,983.56 \$ 4,097.93 \$ 3,214.59 \$ 3,440.48 \$ 3,926.13 \$ 2.87%

Community Mental Health

CMHC-Historical	2000	2001	2002		2003		2004	2005
Historical: 2000-2005								
Enrollment	18,087	18,278	14,940		12,873		14,416	14,473
Annual Growth Rate		1.06%	-18.26%		-13.84%		11.99%	0.40%
Growth 2000 to 2005								-19.98%
Average Cost	\$ 3,791.00	\$ 3,940.00	\$ 5,195.00	\$	5,536.00	\$	5,026.00	\$ 5,011.00
Annual Growth Rate		3.93%	31.85%		6.56%		-9.21%	-0.30%
Growth 2000 to 2005								32.18%
Total Cost	\$ 68,567,817	\$ 72,015,320	\$ 77,613,300	\$	71,264,928	\$	72,454,816	\$ 72,524,203
Annual Growth Rate		5.03%	7.77%		-8.18%		1.67%	0.10%
Growth 2000 to 2005								5.77%
CMHC-Without Waiver	2006	2007	 2008		2009		2010	
Projections: 2006-2010								
Enrollment	14,896	15,317	16,188		17,109		18,082	
Annual Growth Rate		2.83%	5.69%		5.69%		5.69%	
Growth 2006 to 2010							21.39%	
Average Cost	\$ 5,092.00	\$ 5,180.00	\$ 5,447.74	\$	5,723.32	\$	6,025.45	
Annual Growth Rate		1.73%	5.17%		5.06%		5.28%	
Growth 2006 to 2010							18.33%	
Total Cost	\$ 75,850,432	\$ 79,342,060	\$ 88,188,015	\$	97,920,282	\$	108,952,187	
Annual Growth Rate		4.60%	11.15%		11.04%		11.27%	
Growth 2006 to 2010							43.64%	
CMHC-With Waiver	2006	2007	2008		2009		2010	
Projections: 2006-2010								
Enrollment	14,896	15,317	16,188		17.109		18.082	
Annual Growth Rate	,	2.83%	5.69%		5.69%		5.69%	
Growth 2006 to 2010							21.39%	
Average Cost	\$ 4,990.16	\$ 4,972.80	\$ 5,175.35	\$	5,442.85	\$	5,724.18	
Annual Growth Rate		-0.35%	4.07%		5.17%		5.17%	
Growth 2006 to 2010							14.71%	
Total Cost	\$ 74,333,423	\$ 76,168,378	\$ 83,778,566	\$	93,121,721	\$	103,504,623	
Annual Growth Rate		2.47%	9.99%		11.15%		11.15%	
Growth 2006 to 2010							39.24%	
				L		<u> </u>		

IV. Health Services Accounts

There are key elements of the Health Services Account (HSA) proposal:

- □ Individual budget for each recipient with a Health Services Account
- □ Each recipient will have a **medical home**
- □ Each recipient-will have a specific schedule of **prevention services**
- Disease Management will be available as needed for each recipient
- □ Primary Care Case Management will be utilized

The financial model simulates the cost of acute care medical expenditures for the target population. Key variables in the financial model include:

- Unduplicated yearly count of the number of recipients
- □ Enrollment
- Baseline expenses
- Medical cost inflation (NH and National)

A. Financial Assumptions

- □ Those recipients within the H.S.A. will have all the benefit of the PCCM initiative. Expected changes in recipient behavior combined with the primary elements of the H.S.A. will result in an additional 3.6% savings off cost trends yielding a 13.6% versus a 10% impact on cost trends. The impact of these benefits will be phased in over the five-year period.
 - o 2006 will see minimal impact as implementation begins in January 2006 with savings beginning on July 1, 2006
 - o 2007 will see 50% of the impact for a reduction of 6.8% off trend
 - o 2008 will see 75% of the impact for a reduction of 10.2% off trend
 - o 2009 and beyond will see the full impact for a 13.6% reduction off trend

B. Critical Assumptions

- □ The Health Services Account covers ONLY those recipients with incomes greater than 133% of Federal Poverty Level (FPL), up to 300% of the FPL. For a family of four, \$25,070 is 133% of the FPL and \$56,550 is 300%.
- The Health Services Account consists of three benefit components
 - o Prevention services: specific to the individual recipient-see schedule
 - The cost of these services is not controlled by the recipient and is not within their discretionary budget; costs will be reimbursed by DHHS.
 - Major medical care: unplanned medical services deemed medically necessary by the recipient's physician for which prior authorization by DHHS will be required
 - The cost of these services is not controlled by the recipient and is not within their discretionary budget; costs will be reimbursed by DHHS.

- o Acute care services, the Health Services Account: an individual budget, with a "soft cap" for services over which the recipient has control
 - These services are not preventive, major medical or related to chronic conditions
 - A waiver process will be in place enabling the recipient's primary care physician or medical home, to approve for DHHS reimbursement services above the account
- □ People, regardless of economic condition, will make rational choices and decisions on health care if they have information that is available, comprehensible and accessible
- □ Recipient behaviors will change, over the long term, through combination of individual budget and financial incentives
- □ An incentive system will be in place that recognizes and rewards the recipient for adhering to the individual prevention services schedule and from his or her effective management of the HSA.
- □ While the incentive system has not been fully defined, it is expected to feature quarterly incentives targeted for use by the recipient for appropriate and relevant expenses
- Performance of the recipient against the plan will be monitored through use of a Medical report card
- □ Savings are expected primarily by the prior authorization process for major medical services
- □ Investments in information technology required to deliver and provide information and resources accessible over the Internet, phone and points of service delivery
- □ Implementation is expected to begin July 1, 2006.
- □ About 14,000 TANF children and adults over 133% of FPL would be eligible for HSAs; disabled persons would be excluded as would most elderly
- Recipients not adhering to their individual preventive services schedule will not be penalized,
- □ Positive incentives, however, will be provided for completing recommended prevention schedules and meeting personal health goals.
- □ Preventive services will be based on evidence-based guidelines and recognized periodicity schedule for children (EPSDT), and pre-natal schedule.
- Preventive services would include but not be limited to: dental visits (including fluoride, sealants, hygiene, and counseling), well child visits, routine laboratory and screening tests, anticipatory guidance, immunizations, pre-natal office visits and recommended laboratory and screening tests.
- □ An amount to be specified will be placed annually in the recipient's Health Savings Account for use in non-emergency care such as office visits, prescription drugs, and hospital outpatient visits.
- ☐ The recipient would manage the account with the possibility of a refund voucher for savings.
- Major Medical
 - o Includes inpatient hospital, ER, ambulance, outpatient services, including pharmacy, for chronic conditions.

- o Physicians would be allowed to waive patients with chronic illness or significant acute conditions to access funds in the major medical pool.
- □ Recipients who fulfill prevention requirements and meet personal health and wellness goals are eligible to receive quarterly vouchers for wellness-related activities. Maximum incentive per year is expected to be \$250.
- □ Approximately 50% of recipients will meet and achieve incentive criteria.
- □ Recipients who do not use all of their account will receive a portion of the unspent funds in the form of vouchers for approved activities such as educational or wellness purposes.
- □ DHHS will administer the program, not a contractor.

Updated	1/5/2005					
NHH/Philbrook-Historical	2000	2001	2002	2003	2004	2005
Historical: 2000-2005						
Enrollment	134	261	248	251	367	389
Annual Growth Rate		94.78%	-4.98%	1.21%	46.22%	5.99%
Growth 2000 to 2005						190.30%
Average Cost	\$ 9,962.00	\$ 9,914.00	\$ 8,520.00	\$ 10,286.00	\$ 8,012.00	\$ 8,012.00
Annual Growth Rate		-0.48%	-14.06%	20.73%	-22.11%	0.00%
Growth 2000 to 2005						-19.57%
Total Cost	\$ 1,334,908	\$ 2,587,554	\$ 2,112,960	\$ 2,581,786	\$ 2,940,404	\$ 3,116,668
Annual Growth Rate		93.84%	-18.34%	22.19%	13.89%	5.99%
Growth 2000 to 2005						133.47%
NHH/Philbrook-Without Waiver						
Projections: 2006-2010	2006	2007	2008	2009	2010	
Enrollment	389	389	411	435	459	
Annual Growth Rate		0.00%	5.66%	5.84%	5.52%	
Growth 2006 to 2010					17.99%	
Average Cost	\$ 9,372.00	\$ 9,606.00	\$ 10,009.45	\$ 10,429.85	\$ 10,867.90	
Annual Growth Rate		2.50%	4.20%	4.20%	4.20%	
Growth 2006 to 2010					15.96%	
Total Cost	\$ 3,645,708	\$ 3,736,734	\$ 4,113,884	\$ 4,536,985	\$ 4,988,366	
Annual Growth Rate		2.50%	10.09%	10.28%	9.95%	
Growth 2006 to 2010					36.83%	
NHH/Philbrook-With Waiver						
Projections: 2006-2010	2006	2007	2008	2009	2010	
Enrollment	389	389	411	435	459	
Annual Growth Rate		0.00%	5.66%	5.84%	5.52%	
Growth 2006 to 2010					17.99%	
Average Cost	\$ 9,372.00	\$ 9,606.00	\$ 10,009.45	\$ 10,429.85	\$ 10,867.90	
Annual Growth Rate		2.50%	4.20%	4.20%	4.20%	
Growth 2006 to 2010					15.96%	
Total Cost	\$ 3,645,708	\$ 3,736,734	\$ 4,113,884	\$ 4,536,985	\$ 4,988,366	
Annual Growth Rate		2.50%	10.09%	10.28%	9.95%	
Growth 2006 to 2010					36.83%	

NHH/THS-Historical	2000	2001	2002	2003	2004	2005
Historical: 2000-2005						
Enrollment	48	64	68	65	61	61
Annual Growth Rate		33.33%	6.25%	-4.41%	-6.15%	0.00%
Growth 2000 to 2005						27.08%
Average Cost	\$ 35,036.00	\$ 37,762.00	\$ 31,342.00	\$ 41,122.00	\$ 46,538.00	\$ 46,538.00
Annual Growth Rate		7.78%	-17.00%	31.20%	13.17%	0.00%
Growth 2000 to 2005						32.83%
Total Cost	\$ 1,681,728	\$ 2,416,768	\$ 2,131,256	\$ 2,672,930	\$ 2,838,818	\$ 2,838,818
Annual Growth Rate		43.71%	-11.81%	25.42%	6.21%	0.00%
Growth 2000 to 2005						68.80%
NHH/THS-Without Waiver	2006	2007	2008	2009	2010	
Projections: 2006-2010						
Enrollment	70	70	74	79	84	
Annual Growth Rate		0.00%	5.71%	6.76%	6.33%	
Growth 2006 to 2010					20.00%	
Average Cost	\$ 46,538.00	\$ 46,538.00	\$ 48,875.14	\$ 51,329.65	\$ 53,907.43	
Annual Growth Rate		0.00%	5.02%	5.02%	5.02%	
Growth 2006 to 2010					15.84%	
Total Cost	\$ 3,257,660	\$ 3,257,660	\$ 3,616,760	\$ 4,055,042	\$ 4,528,224	
Annual Growth Rate		0.00%	11.02%	12.12%	11.67%	
Growth 2006 to 2010					39.00%	
NHH/THS-With Waiver	2006	2007	2008	2009	2010	
Projections: 2006-2010						
Enrollment	70	70	74	79	84	
Annual Growth Rate		0.00%	5.71%	6.76%	6.33%	
Growth 2006 to 2010					20.00%	
Average Cost	\$ 46,538.00	\$ 46,538.00	\$ 48,875.14	\$ 51,329.65	\$ 53,907.43	
Annual Growth Rate		0.00%	5.02%	5.02%	5.02%	
Growth 2006 to 2010					15.84%	
Total Cost	\$ 3,257,660	\$ 3,257,660	\$ 3,616,760	\$ 4,055,042	\$ 4,528,224	
Annual Growth Rate		0.00%	11.02%	12.12%	11.67%	
Growth 2006 to 2010					39.00%	

Glencliff-Historical	2000	2001	2002	2003	2004	2005
Historical: 2000-2005						
Enrollment	91	80	81	84	92	106
Annual Growth Rate		-12.09%	1.25%	3.70%	9.52%	15.22%
Growth 2000 to 2005						16.48%
Average Cost	\$ 91,716.00	\$ 74,650.00	\$ 70,220.00	\$ 70,458.00	\$ 71,946.00	\$ 70,894
Annual Growth Rate		-18.61%	-5.93%	0.34%	2.11%	-1.46%
Growth 2000 to 2005						-22.70%
Total Cost	\$ 8,346,156	\$ 5,972,000	\$ 5,687,820	\$ 5,918,472	\$ 6,619,032	\$ 7,514,
Annual Growth Rate		-28.45%	-4.76%	4.06%	11.84%	13.53%
Growth 2000 to 2005						-9.96%
Glencliff-Without Waiver	2006	2007	2008	2009	2010	
Projections: 2006-2010						
Enrollment	106	106	109	111	114	
Annual Growth Rate		0.00%	2.83%	1.83%	2.70%	
Growth 2006 to 2010					7.55%	
Average Cost	\$ 70,308.00	\$ 70,194.00	\$ 73,142.15	\$ 76,214.12	\$ 79,415.11	
Annual Growth Rate	,	-0.16%	4.20%	4.20%	4.20%	
Growth 2006 to 2010					12.95%	
Total Cost	\$ 7,452,648	\$ 7,440,564	\$ 7,972,494	\$ 8,459,767	\$ 9,053,323	
Annual Growth Rate		-0.16%	7.15%	6.11%	7.02%	
Growth 2006 to 2010					21.48%	
Glencliff-With Waiver	2006	2007	2008	2009	2010	
Projections: 2006-2010						
Enrollment	106	106	106	106	106	
Annual Growth Rate		0.00%	0.00%	0.00%	0.00%	
Growth 2006 to 2010					0.00%	
Average Cost	\$ 70,308.00	\$ 70,194.00	\$ 73,142.15	\$ 76,214.12	\$ 79,415.11	
Annual Growth Rate	•	-0.16%	4.20%	4.20%	4.20%	
Growth 2006 to 2010					12.95%	
Total Cost	\$ 7,452,648	\$ 7,440,564	\$ 7,753,068	\$ 8,078,697	\$ 8,418,002	
Annual Growth Rate		-0.16%	4.20%	4.20%	4.20%	
Growth 2006 to 2010					12.95%	

Updated		1/5/2005									
Childrens Services-Historical		2000		2001		2002		2003		2004	2005
Historical: 2000-2005											
Enrollment		1,238		2,202		2,184		2,184		2,216	2,216
Annual Growth Rate				77.87%		-0.82%		0.00%		1.47%	0.00%
Growth 2000 to 2005											79.00%
Average Cost	\$	8,689.70	\$	11,100.20	\$	10,993.15	\$	12,222.36	\$	11,794.75	\$ 11,794.75
Annual Growth Rate				27.74%		-0.96%		11.18%		-3.50%	0.00%
Growth 2000 to 2005											35.73%
Total Cost	\$	10,757,849	\$	24,442,640	\$	24,009,040	\$	26,693,634	\$	26,137,166	\$ 26,137,166
Annual Growth Rate				127.21%		-1.77%		11.18%		-2.08%	0.00%
Growth 2000 to 2005											142.96%
Childrens Services-Without Waiver	ľ	2006		2007		2008		2009		2010	
Projections: 2006-2010											
Enrollment		2,216		2,216		2,465		2,741		3,048	
Annual Growth Rate		,		0.00%		11.24%		11.20%		11.20%	
Growth 2006 to 2010										37.55%	
Average Cost	\$	12,877.78	\$	13,193.67	\$	14,062.44	\$	14,988.43	\$	15,975.38	
Annual Growth Rate		,	,	2.45%	-	6.58%	-	6.58%		6.58%	
Growth 2006 to 2010										24.05%	
Total Cost	\$	28,537,160	\$	29,237,173	\$	34,663,915	\$	41,083,287	\$	48,692,958	
Annual Growth Rate		-,,		2.45%	-	18.56%	-	18.52%		18.52%	
Growth 2006 to 2010										70.63%	
010 ((11 2000 10 2010										70.0270	
Childrens Services-With Waiver		2006		2007		2008		2009		2010	
Projections: 2006-2010											
Enrollment		2,216		2,216		2,465		2,741		3,048	
Annual Growth Rate				0.00%		11.24%		11.20%		11.20%	
Growth 2006 to 2010										37.55%	
Average Cost	\$	12,877.78	\$	13,193.67	\$	14,062.44	\$	14,988.43	\$	15,975.38	
Annual Growth Rate		-		2.45%		6.58%		6.58%		6.58%	
Growth 2006 to 2010										24.05%	
Total Cost	\$	28,537,160	\$	29,237,173	\$	34,663,915	\$	41,083,287	\$	48,692,958	
Annual Growth Rate	Ė	, ,		2.45%		18.56%		18.52%		18.52%	
Growth 2006 to 2010				/ *						70.63%	
	+		+		-		-		1		

Updated	1/5/2005							
Nursing Home-Historical	2000		2001	2002	2003	2004		2005
Historical: 2000-2005								
Enrollment	5,114		4,967	4,878	4,808	4,861		4,850
Annual Growth Rate			-2.87%	-1.79%	-1.44%	1.10%		-0.23%
Growth 2000 to 2005								-5.16%
Average Cost	\$ 34,976.00	\$	35,296.00	\$ 35,993.00	\$ 38,975.00	\$ 47,922.00	\$	48,954.00
Annual Growth Rate			0.91%	1.97%	8.28%	22.96%		2.15%
Growth 2000 to 2005								39.96%
Total Cost	\$ 178,867,264	\$	175,315,232	\$ 175,573,854	\$ 187,391,800	\$ 232,948,842	\$	237,426,900
Annual Growth Rate			-1.99%	0.15%	6.73%	24.31%		1.92%
Growth 2000 to 2005								32.74%
Nursing Home-Without Waiver	2006		2007	2008	2009	2010		
Projections: 2006-2010								
Enrollment	4,825		4,817	4,913	5,010	5,110		
Annual Growth Rate			-0.17%	1.99%	1.97%	2.00%		
Growth 2006 to 2010						5.91%		
Average Cost	\$ 49,340.00	\$	51,154.00	\$ 54,131.81	\$ 57,282.97	\$ 60,617.56		
Annual Growth Rate			3.68%	5.82%	5.82%	5.82%		
Growth 2006 to 2010						22.86%		
Total Cost	\$ 238,065,500	\$	246,408,818	\$ 265,949,583	\$ 286,987,680	\$ 309,755,732		
Annual Growth Rate			3.50%	7.93%	7.91%	7.93%		
Growth 2006 to 2010						30.11%		
Nursing Home-With Waiver	2006		2007	2008	2009	2010		
Projections: 2006-2010								
Enrollment	4,584		4,335	4,274	3,858	3,577		
Annual Growth Rate			-5.43%	-1.41%	-9.73%	-7.28%		
Growth 2006 to 2010						-21.97%		
Average Cost	\$ 49,340.00	\$	51,154.00	\$ 54,131.81	\$ 57,282.97	\$ 60,617.56		
Annual Growth Rate		L	3.68%	5.82%	5.82%	5.82%	L	
Growth 2006 to 2010						22.86%		
Total Cost	\$ 226,174,560	\$	221,752,590	\$ 231,359,356	\$ 220,997,698	\$ 216,829,012		
Annual Growth Rate			-1.96%	4.33%	-4.48%	-1.89%		
Growth 2006 to 2010						-4.13%		

Mid Level-Historical	Ш.	2000	2001	2002	2003	2004	2005
Historical: 2000-2005							
Enrollment		38	96	152	159	141	
Annual Growth Rate			152.63%	58.33%	4.61%	-11.32%	26.95%
Growth 2000 to 2005							371.05%
Average Cost	\$	4,848.00	\$ 7,105.00	\$ 7,774.00	\$ 7,802.00	\$ 8,600.00	\$ 13,023
Annual Growth Rate			46.56%	9.42%	0.36%	10.23%	51.43%
Growth 2000 to 2005							168.63%
Total Cost	\$	184,224	\$ 682,080	\$ 1,181,648	\$ 1,240,518	\$ 1,212,600	\$ 2,331,
Annual Growth Rate			270.24%	73.24%	4.98%	-2.25%	92.24%
Growth 2000 to 2005							1165.37%
Mid Level-Without Waiver		2006	2007	2008	2009	2010	
Projections: 2006-2010							
Enrollment		212	222	258	299	347	
Annual Growth Rate			4.72%	16.22%	15.89%	16.05%	
Growth 2006 to 2010						63.68%	
Average Cost	\$	16,771.00	\$ 17,542.00	\$ 18,594.52	\$ 19,710.19	\$ 20,892.80	
Annual Growth Rate			4.60%	6.00%	6.00%	6.00%	
Growth 2006 to 2010						24.58%	
Total Cost	\$	3,555,452	\$ 3,894,324	\$ 4,797,386	\$ 5,893,347	\$ 7,249,802	
Annual Growth Rate			9.53%	23.19%	22.84%	23.02%	
Growth 2006 to 2010						103.91%	
Mid Level-With Waiver		2006	2007	2008	2009	2010	
Projections: 2006-2010							
Enrollment		212	246	285	331	384	
Annual Growth Rate			16.04%	15.85%	16.14%	16.01%	
Growth 2006 to 2010						81.13%	
Average Cost	\$	16,771.00	\$ 17,542.00	\$ 18,594.52	\$ 19,710.19	\$ 20,892.80	
Annual Growth Rate			4.60%	6.00%	6.00%	6.00%	
Growth 2006 to 2010						24.58%	
Total Cost	\$	3,555,452	\$ 4,315,332	\$ 5,299,438	\$ 6,524,073	\$ 8,022,835	
Annual Growth Rate		•	21.37%	22.80%	23.11%	22.97%	
Growth 2006 to 2010						125.65%	

HCBC/ECI-Historical		2000		2001		2002		2003		2004	2005
Historical: 2000-2005											
Enrollment		1,318		1,554		1,731		1,876		1,940	2,040
Annual Growth Rate				17.91%		11.39%		8.38%		3.41%	5.15%
Growth 2000 to 2005											54.78%
Average Cost	\$	11,289.00	\$	10,855.00	\$	11,241.00	\$	11,425.00	\$	12,970.00	\$ 13,566.00
Annual Growth Rate				-3.84%		3.56%		1.64%		13.52%	4.60%
Growth 2000 to 2005											20.17%
Total Cost	\$	14,878,902	\$	16,868,670	\$	19,458,171	\$	21,433,300	\$	25,161,800	\$ 27,674,640
Annual Growth Rate				13.37%		15.35%		10.15%		17.40%	9.99%
Growth 2000 to 2005											86.00%
HCBC/ECI-Without Waiver		2006		2007		2008		2009		2010	
Projections: 2006-2010		2000		2007		2000		2007		2010	
Enrollment		2,110		2,180		2,345		2,523		2,713	
Annual Growth Rate		2,110		3.32%		7.57%		7.59%		7.53%	
Growth 2006 to 2010				2.2270		7.6770		7.6570		28.58%	
Average Cost	\$	13,797.00	\$	14,432.00	\$	15,038.14	\$	15,669.75	\$	16,327.88	
Annual Growth Rate	1	,,,,,,,,,	-	4.60%	-	4.20%	-	4.20%	-	4.20%	
Growth 2006 to 2010										18.34%	
Total Cost	\$	29,111,670	\$	31,461,760	\$	35,264,438	\$	39,534,779	\$	44,297,538	
Annual Growth Rate				8.07%		12.09%		12.11%		12.05%	
Growth 2006 to 2010										52.16%	
HCBC/ECI-With Waiver		2006		2007		2008		2009		2010	
Projections: 2006-2010		2000		200.		2000		2009		2010	
Enrollment		2,490		2,938		3,467		4,091		4,827	
Annual Growth Rate		_, ., .		17.99%		18.01%		18.00%		17.99%	
Growth 2006 to 2010						/ •				93.86%	
Average Cost	\$	13,797.00	\$	14,264.82	\$	15,502.31	\$	16,432.45	\$	17,418.39	
Annual Growth Rate		,		3.39%		8.68%		6.00%		6.00%	
Growth 2006 to 2010										26.25%	
Total Cost	\$	34,354,530	\$	41,910,041	\$	53,746,509	\$	67,225,153	\$	84,078,569	
Annual Growth Rate				21.99%		28.24%		25.08%		25.07%	
Growth 2006 to 2010										144.74%	

Other NH-Historical	2000		2001		2002		2003		2004	2005
Historical: 2000-2005										
Enrollment	40		39		42		42		45	50
Annual Growth Rate			-2.50%		7.69%		0.00%		7.14%	11.11%
Growth 2000 to 2005										25.00%
Average Cost	\$ 58,183.00	\$	64,496.00	\$	70,978.00	\$	75,771.00	\$	81,620.00	\$ 81,146.0
Annual Growth Rate			10.85%		10.05%		6.75%		7.72%	-0.58%
Growth 2000 to 2005										39.47%
Total Cost	\$ 2,327,320	\$	2,515,344	\$	2,981,076	\$	3,182,382	\$	3,672,900	\$ 4,057,30
Annual Growth Rate			8.08%		18.52%		6.75%		15.41%	10.47%
Growth 2000 to 2005										74.33%
Other NH-Without Waiver	2006		2007		2008		2009		2010	
Projections: 2006-2010	2000		2007		2000		2007		2010	
Enrollment	49		49		51		52		54	
Annual Growth Rate	12		0.00%		4.08%		1.96%		3.85%	
Growth 2006 to 2010			0.0070		1.0070		1.5070		10.20%	
Average Cost	\$ 82,131.00	\$	82,131.00	\$	86,355.55	\$	90,797.40	\$	95,467.72	
Annual Growth Rate	 ,	-	0.00%	-	5.14%	-	5.14%	-	5.14%	
Growth 2006 to 2010									16.24%	
Total Cost	\$ 4,024,419	\$	4,024,419	\$	4,404,133	\$	4,721,465	\$	5,155,257	
Annual Growth Rate	,- , -	-	0.00%	-	9.44%	•	7.21%	,	9.19%	
Growth 2006 to 2010									28.10%	
Other NH-With Waiver	2006		2007		2008		2009		2010	
Projections: 2006-2010										
Enrollment	49		49		51		52		54	
Annual Growth Rate			0.00%		4.08%		1.96%		3.85%	
Growth 2006 to 2010									10.20%	
Average Cost	\$ 82,131.00	\$	82,131.00	\$	86,355.55	\$	90,797.40	\$	95,467.72	
Annual Growth Rate			0.00%		5.14%		5.14%		5.14%	
Growth 2006 to 2010									16.24%	
Total Cost	\$ 4,024,419	\$	4,024,419	\$	4,404,133	\$	4,721,465	\$	5,155,257	
Annual Growth Rate			0.00%		9.44%		7.21%		9.19%	
Growth 2006 to 2010									28.10%	

Updated		1/5/2005						
T P								
SCHIP-Historical	-	2000	2001	2002	 2003	2004	2005	
Historical: 2000-2005								
Enrollment		2,093	3,293	4,214	5,508	6,171	6,776	
Annual Growth Rate			57.33%	27.97%	30.71%	12.04%	9.80%	
Growth 2000 to 2005							223.75%	
Average Cost	\$	976.74	\$ 1,126.29	\$ 1,275.84	\$ 927.24	\$ 1,165.56	\$ 1,243.32	
Annual Growth Rate			15.31%	13.28%	-27.32%	25.70%	6.67%	
Growth 2000 to 2005							27.29%	
Total Cost	\$	2,044,317	\$ 3,708,873	\$ 5,376,390	\$ 5,107,238	\$ 7,192,671	\$ 8,424,736	
Annual Growth Rate			81.42%	44.96%	-5.01%	40.83%	17.13%	
Growth 2000 to 2005							312.11%	
SCHIP-Without Waiver								
Projections: 2006-2010		2006	2007	2008	2009	2010		
Enrollment		7,436	8,091	8,900	9,790	10,769		
Annual Growth Rate		-	8.81%	10.00%	10.00%	10.00%		
Growth 2006 to 2010						44.82%		
Average Cost	\$	1,447.56	\$ 1,673.04	\$ 1,829.93	\$ 2,001.53	\$ 2,189.23		
Annual Growth Rate			15.58%	9.38%	9.38%	9.38%		
Growth 2006 to 2010						51.24%		
Total Cost	\$	10,764,056	\$ 13,536,567	\$ 16,286,377	\$ 19,594,979	\$ 23,575,818		
Annual Growth Rate			25.76%	20.31%	20.32%	20.32%		
Growth 2006 to 2010						119.02%		
SCHIP-With Waiver								
Projections: 2006-2010		2006	2007	2008	2009	2010		
Enrollment		7,436	8,091	8,900	9,790	10,769		
Annual Growth Rate			8.81%	10.00%	10.00%	10.00%		
Growth 2006 to 2010						44.82%		
Average Cost	\$	1,447.56	\$ 1,558.98	\$ 1,642.80	\$ 1,728.63	\$ 1,890.73		
Annual Growth Rate			7.70%	5.38%	5.22%	9.38%		
Growth 2006 to 2010						30.61%		
Total Cost	\$	10,764,056	\$ 12,613,707	\$ 14,620,920	\$ 16,923,288	\$ 20,361,271		
Annual Growth Rate			17.18%	15.91%	15.75%	20.32%		
Growth 2006 to 2010						89.16%		

<133%FPL-Historical	2000	2001	2002	2003	2004	2005	$\overline{}$
Historical: 2000-2005							-
Enrollment	72,670	73,577	78,084	84,021	88,877	93,108	
Annual Growth Rate		1.25%	6.13%	7.60%	5.78%	4.76%	
Growth 2000 to 2005						28.12%	
Average Cost	\$ 2,715.60	\$ 2,937.24	\$ 3,189.36	\$ 3,341.52	\$ 3,466.08	\$ 3,793.68	
Annual Growth Rate		8.16%	8.58%	4.77%	3.73%	9.45%	
Growth 2000 to 2005						39.70%	
Total Cost	\$ 197,342,652	\$ 216,113,307	\$ 249,037,986	\$ 280,757,852	\$ 308,054,792	\$ 353,221,957	
Annual Growth Rate		9.51%	15.23%	12.74%	9.72%	14.66%	
Growth 2000 to 2005						78.99%	
<133%FPL-Without Waiver	2006	2007	2008	2009	2010		
Projections: 2006-2010							
Enrollment	97,540	102,183	107,298	112,668	118,308		
Annual Growth Rate		4.76%	5.01%	5.00%	5.01%		
Growth 2006 to 2010					21.29%		
Average Cost	\$ 4,206.08	\$ 4,407.12	\$ 4,724.09	\$ 5,063.87	\$ 5,428.08		
Annual Growth Rate		4.78%	7.19%	7.19%	7.19%		
Growth 2006 to 2010					29.05%		
Total Cost	\$ 410,261,043	\$ 450,332,743	\$ 506,885,409	\$ 570,536,105	\$ 642,185,289		
Annual Growth Rate		9.77%	12.56%	12.56%	12.56%		
Growth 2006 to 2010					56.53%		
<133%FPL-With Waiver	2006	2007	2008	2009	2010		
Projections: 2006-2010							
Enrollment	97,540	102,183	107,298	112,668	118,308		
Annual Growth Rate		4.76%	5.01%	5.00%	5.01%		
Growth 2006 to 2010					21.29%		
Average Cost	\$ 4,206.48	\$ 4,186.79	\$ 4,369.83	\$ 4,557.54	\$ 4,885.34		
Annual Growth Rate		-0.47%	4.37%	4.30%	7.19%		
Growth 2006 to 2010					16.14%		
Total Cost	\$ 410,300,059	\$ 427,818,763	\$ 468,874,019	\$ 513,488,917	\$ 577,974,805		
Annual Growth Rate		4.27%	9.60%	9.52%	12.56%		
Growth 2006 to 2010					40.87%		

>133% FPL-Historical	2000	2001	2002	2003	2004	2005	
Historical: 2000-2005							
Enrollment	9,494	9,299	10,625	11,878	12,629	13,230	
Annual Growth Rate		-2.05%	14.26%	11.79%	6.32%	4.76%	
Growth 2000 to 2005						39.35%	
Average Cost	\$ 1,214.30	\$ 1,357.68	\$ 1,321.92	\$ 1,391.40	\$ 1,409.64	\$ 1,542.84	
Annual Growth Rate		11.81%	-2.63%	5.26%	1.31%	9.45%	
Growth 2000 to 2005						27.06%	
Total Cost	\$ 11,528,564	\$ 12,625,066	\$ 14,045,400	\$ 16,527,049	\$ 17,802,344	\$ 20,411,773	
Annual Growth Rate		9.51%	11.25%	17.67%	7.72%	14.66%	
Growth 2000 to 2005						77.05%	
133% FPL-Without Waiver	2006	2007	2008	2009	2010		
Projections: 2006-2010							
Enrollment	13,860	14,520	15,445	16,429	17,476		
Annual Growth Rate		4.76%	6.37%	6.37%	6.37%		
Growth 2006 to 2010					26.09%		
Average Cost	\$ 1,710.72	\$ 1,794.72	\$ 1,899.79	\$ 2,011.02	\$ 2,128.75		
Annual Growth Rate		4.91%	5.85%	5.85%	5.85%		
Growth 2006 to 2010					24.44%		
Total Cost	\$ 23,710,579	\$ 26,059,334	\$ 29,342,257	\$ 33,039,048	\$ 37,202,035		
Annual Growth Rate		9.91%	12.60%	12.60%	12.60%		
Growth 2006 to 2010					56.90%		
>133% FPL-With Waiver	2006	2007	2008	2009	2010		
Projections: 2006-2010							
Enrollment	13,860	14,520	15,445	16,429	17,476		
Annual Growth Rate		4.76%	6.37%	6.37%	6.37%		
Growth 2006 to 2010					26.09%		 -
Average Cost	\$ 1,710.72	\$ 1,672.37	\$ 1,640.76	\$ 1,736.82	\$ 1,838.50		
Annual Growth Rate	•	-2.24%	-1.89%	5.85%	5.85%		 -
Growth 2006 to 2010					7.47%		 -
Total Cost	\$ 23,710,579	\$ 24,282,812	\$ 25,341,538	\$ 28,534,216	\$ 32,129,626		
Annual Growth Rate		2.41%	4.36%	12.60%	12.60%		 -
Growth 2006 to 2010					35.51%		

New_Pregnant Women_Waiver	2006	2007	2008	2009	2010		
Projections: 2006-2010							
Enrollment	900	990	1,089	1,198	1,318		
Annual Growth Rate		10.00%	10.00%	10.01%	10.02%		
Growth 2006 to 2010					46.44%		
Average Cost	\$ 4,050.00	\$ 4,374.00	\$ 4,723.92	\$ 5,101.83	\$ 5,509.98		
Annual Growth Rate		8.00%	8.00%	8.00%	8.00%		
Growth 2006 to 2010					36.05%		
Total Cost	\$ 3,645,000	\$ 4,330,260	\$ 5,144,349	\$ 6,111,992	\$ 7,262,154		
Annual Growth Rate		18.80%	18.80%	18.81%	18.82%		
Growth 2006 to 2010		·	·	·	99.24%		

DS and BH 2000 2001 2002 2003 2004 2005 Historical: 2000-2005 5,151 5,726 6,234 6,388 6,696 7,1 Annual Growth Rate 11.16% 8.87% 2.47% 4.82% 6.74% Growth 2000 to 2005 5 21,929.96 20,899.56 20,790.51 21,575.59 21,949.56 Annual Growth Rate -7.42% -4.70% -0.52% 3.78% 1.73% Growth 2000 to 2005 67.34% 67.34% 67.34% 67.34% 67.34%	Updated		1/5/2005									
Historical: 2000-2005	•											
Enrollment	Developmental Services-Historical		2000		2001		2002		2003		2004	2005
Annual Growth Rate Growth 2000 to 2005 Average Cost Total Cost Tot	Historical: 2000-2005											
Growth 2000 to 2005	Enrollment		5,151		5,726		6,234		6,388		6,696	7,147
Average Cost \$ 23,688.79 \$ 21,929.96 \$ 20,899.56 \$ 20,790.51 \$ 21,575.59 \$ 21,949. Annual Growth Rate	Annual Growth Rate		-		11.16%		8.87%		2.47%		4.82%	6.74%
Annual Growth Rate Growth 2000 to 2005 Total Cost S 122,020,957 S 125,570,951 S 130,287,857 S 132,899,778 S 144,470,151 S 156,872,7 Annual Growth Rate Growth 2000 to 2005 velopmental Services-Without Waiv Projections: 2006-2010 Enrollment Annual Growth Rate Growth 2006 to 2010 Average Cost Growth 2006 to 2010 Total Cost S 156,657,118 S 172,797,300 S 192,497,329 S 214,439,130 S 238,885,191 Annual Growth Rate Growth 2006 to 2010 Enrollment Annual Growth Rate Growth 2006 to 2010 Total Cost S 156,657,118 S 172,797,300 S 192,497,329 S 214,439,130 S 238,885,191 Annual Growth Rate Growth 2006 to 2010 Enrollment Annual Growth Rate Growth 2006 to 2010 Enrollment Annual Growth Rate Growth 2006 to 2010 S 2007 S 2008 S 2009 S 21,439,130 S 238,885,191 Annual Growth Rate Growth 2006 to 2010 Enrollment Annual Growth Rate Growth 2006 to 2010 Enrollment T,753 S,205 S,3772 S,206 S 21,439,130 S 238,885,191 Annual Growth Rate Growth 2006 to 2010 Enrollment T,753 S,205 S,3772 S,378 S,205 S,772 S,388 S,205 S,772 S,388 S,205 S,772 S,378 S,205 S,772 S,388 S,205 S,772 S,378 S,205 S,772 S,378 S,205 S,378	Growth 2000 to 2005											38.75%
Growth 2000 to 2005	Average Cost	\$	23,688.79	\$	21,929.96	\$	20,899.56	\$	20,790.51	\$	21,575.59	\$ 21,949.46
Total Cost	Annual Growth Rate		,		-7.42%		-4.70%		-0.52%		3.78%	1.73%
Total Cost	Growth 2000 to 2005											-7.34%
Annual Growth Rate 2.91% 3.76% 1.94% 8.78% 8.58%	Total Cost	\$	122,020,957	\$	125,570,951	\$	130,287,857	\$	132,809,778	\$	144,470,151	\$ 156,872,791
Projections: 2006-2010 Projections: 2006-2	Annual Growth Rate		, ,									8.58%
Projections: 2006-2010	Growth 2000 to 2005											28.56%
Projections: 2006-2010	1 416 • 374 437		2006		2007		2000		2000		2010	
Enrollment 7,753 8,205 8,772 9,378 10,026 Annual Growth Rate 5.83% 6.91% 6.91% 6.91% Growth 2006 to 2010 29,32% Average Cost \$ 20,206.00 \$ 21,060.00 \$ 21,944.52 \$ 22,866.19 \$ 23,826.57 Annual Growth Rate 4.23% 4.20% 4.20% 4.20% Growth 2006 to 2010 17,92% Total Cost \$ 156,657,118 \$ 172,797,300 \$ 192,497,329 \$ 214,439,130 \$ 238,885,191 Annual Growth Rate 10.30% 11.40% 11.40% 11.40% Growth 2006 to 2010 52.49% Developmental Services-With Waiver Projections: 2006-2010 2008 2009 2010 Enrollment 7,753 8,205 8,772 9,378 10,026 Annual Growth Rate 5.83% 6.91% 6.91% 6.91% Growth 2006 to 2010 29,32% Average Cost \$ 19,801.88 \$ 20,217.60 \$ 20,847.29 \$ 21,722.88 \$ 22,635.24 Annual Growth Rate 2.10% 3.11% 4.20% 4.20% Growth 2006 to 2010 14.31% Total Cost \$ 153,523,976 \$ 165,885,408 \$ 182,872,428 \$ 203,717,169 \$ 226,940,916 Annual Growth Rate 8.05% 10.24% 11.40% 11.40%	*	<u> </u>	2006		2007		2008		2009		2010	
Annual Growth Rate Growth 2006 to 2010 Average Cost Annual Growth Rate Growth 2006 to 2010 Average Cost Annual Growth Rate Growth 2006 to 2010 Total Cost Growth 2006 to 2010 Enrollment Annual Growth Waiver Projections: 2006-2010 Enrollment Growth 2006 to 2010 Enrollment Annual Growth Rate Total Cost Signature	· ·		5.55		0.205		0.770		0.250		10.026	
Growth 2006 to 2010			7,753									
Average Cost \$ 20,206.00 \$ 21,060.00 \$ 21,944.52 \$ 22,866.19 \$ 23,826.57 Annual Growth Rate					5.83%		6.91%		6.91%			
Annual Growth Rate												
Total Cost \$ 156,657,118 \$ 172,797,300 \$ 192,497,329 \$ 214,439,130 \$ 238,885,191		\$	20,206.00	\$		\$		\$		\$		
Total Cost \$ 156,657,118 \$ 172,797,300 \$ 192,497,329 \$ 214,439,130 \$ 238,885,191 Annual Growth Rate					4.23%		4.20%		4.20%			
Annual Growth Rate												
Growth 2006 to 2010 52.49% Developmental Services-With Waiver 2006 2007 2008 2009 2010 Projections: 2006-2010 5.83% 8,205 8,772 9,378 10,026 Annual Growth Rate 5.83% 6.91% 6.91% 6.91% Growth 2006 to 2010 29,32% 20,217.60 \$ 20,847.29 \$ 21,722.88 \$ 22,635.24 Annual Growth Rate 2.10% 3.11% 4.20% 4.20% Growth 2006 to 2010 14.31% 14.31% 14.31% Total Cost \$ 153,523,976 \$ 165,885,408 \$ 182,872,428 \$ 203,717,169 \$ 226,940,916 Annual Growth Rate 8.05% 10.24% 11.40% 11.40%		\$	156,657,118	\$		\$		\$	214,439,130	\$		
Developmental Services-With Waiver 2006 2007 2008 2009 2010 Projections: 2006-2010 8,205 8,772 9,378 10,026 Annual Growth Rate 5.83% 6.91% 6.91% 6.91% Growth 2006 to 2010 29.32% 29.32% 29.32% Average Cost \$ 19,801.88 20,217.60 \$ 20,847.29 \$ 21,722.88 \$ 22,635.24 Annual Growth Rate 2.10% 3.11% 4.20% 4.20% Growth 2006 to 2010 14.31% 14.31% 14.31% Total Cost \$ 153,523,976 \$ 165,885,408 \$ 182,872,428 \$ 203,717,169 \$ 226,940,916 Annual Growth Rate 8.05% 10.24% 11.40% 11.40%	Annual Growth Rate				10.30%		11.40%		11.40%		11.40%	
Projections: 2006-2010 8,205 8,772 9,378 10,026 Annual Growth Rate 5.83% 6.91% 6.91% 6.91% Growth 2006 to 2010 29.32% Average Cost \$ 19,801.88 20,217.60 \$ 20,847.29 \$ 21,722.88 \$ 22,635.24 Annual Growth Rate 2.10% 3.11% 4.20% 4.20% Growth 2006 to 2010 14.31% 14.31% Total Cost \$ 153,523,976 \$ 165,885,408 \$ 182,872,428 \$ 203,717,169 \$ 226,940,916 Annual Growth Rate 8.05% 10.24% 11.40% 11.40%	Growth 2006 to 2010										52.49%	
Projections: 2006-2010 8,205 8,772 9,378 10,026 Annual Growth Rate 5.83% 6.91% 6.91% 6.91% Growth 2006 to 2010 29.32% Average Cost \$ 19,801.88 20,217.60 20,847.29 21,722.88 22,635.24 Annual Growth Rate 2.10% 3.11% 4.20% 4.20% Growth 2006 to 2010 14.31% 14.31% Total Cost \$ 153,523,976 \$ 165,885,408 \$ 182,872,428 \$ 203,717,169 \$ 226,940,916 Annual Growth Rate 8.05% 10.24% 11.40% 11.40%	Developmental Services With Weiver	_	2006		2007		2008		2000		2010	
Enrollment 7,753 8,205 8,772 9,378 10,026 Annual Growth Rate 5.83% 6.91% 6.91% 6.91% Growth 2006 to 2010 29.32% 29.32% Average Cost \$ 19,801.88 20,217.60 20,847.29 \$ 21,722.88 22,635.24 Annual Growth Rate 2.10% 3.11% 4.20% 4.20% Growth 2006 to 2010 14.31% 14.31% Total Cost \$ 153,523,976 \$ 165,885,408 \$ 182,872,428 \$ 203,717,169 \$ 226,940,916 Annual Growth Rate 8.05% 10.24% 11.40% 11.40%		-	2000		2007		2000		2009		2010	
Annual Growth Rate 5.83% 6.91% 6.91% 6.91% Growth 2006 to 2010 29.32% Average Cost \$ 19,801.88 \$ 20,217.60 \$ 20,847.29 \$ 21,722.88 \$ 22,635.24 Annual Growth Rate 2.10% 3.11% 4.20% 4.20% Growth 2006 to 2010 14.31% Total Cost \$ 153,523,976 \$ 165,885,408 \$ 182,872,428 \$ 203,717,169 \$ 226,940,916 Annual Growth Rate 8.05% 10.24% 11.40%	<u> </u>	 	7 752		Q 205		0 777		0.279		10.026	
Growth 2006 to 2010 29.32% Average Cost \$ 19,801.88 20,217.60 \$ 20,847.29 \$ 21,722.88 \$ 22,635.24 Annual Growth Rate 2.10% 3.11% 4.20% 4.20% Growth 2006 to 2010 14.31% Total Cost \$ 153,523,976 \$ 165,885,408 \$ 182,872,428 \$ 203,717,169 \$ 226,940,916 Annual Growth Rate 8.05% 10.24% 11.40% 11.40%		 	1,133									
Average Cost \$ 19,801.88 \$ 20,217.60 \$ 20,847.29 \$ 21,722.88 \$ 22,635.24 Annual Growth Rate 2.10% 3.11% 4.20% 4.20% Growth 2006 to 2010 14.31% Total Cost \$ 153,523,976 \$ 165,885,408 \$ 182,872,428 \$ 203,717,169 \$ 226,940,916 Annual Growth Rate 8.05% 10.24% 11.40% 11.40%		<u> </u>			3.0370		0.9170		0.9170			
Annual Growth Rate 2.10% 3.11% 4.20% 4.20% Growth 2006 to 2010 14.31% Total Cost \$ 153,523,976 \$ 165,885,408 \$ 182,872,428 \$ 203,717,169 \$ 226,940,916 Annual Growth Rate 8.05% 10.24% 11.40%		d d	10 001 00	ø	20.217.60	ø	20.947.20	¢.	21 722 00	¢.		
Growth 2006 to 2010 14.31% Total Cost \$ 153,523,976 \$ 165,885,408 \$ 182,872,428 \$ 203,717,169 \$ 226,940,916 Annual Growth Rate 8.05% 10.24% 11.40% 11.40%	ŭ .	\$	19,801.88	3		>		\$		\$,	
Total Cost \$ 153,523,976 \$ 165,885,408 \$ 182,872,428 \$ 203,717,169 \$ 226,940,916 Annual Growth Rate 8.05% 10.24% 11.40% 11.40%		<u> </u>			2.10%		3.11%		4.20%			
Annual Growth Rate 8.05% 10.24% 11.40% 11.40%		Φ.	152 522 075	Φ.	165.005.400	Φ.	100 000 100	Φ.	202 515 152	ф		
		\$	153,523,976	\$		\$		\$		\$		
Growth 2006 to 2010 47.82%		<u> </u>			8.05%		10.24%		11.40%			
	Growth 2006 to 2010	<u> </u>									47.82%	

Medicaid to Schools-Historical		2000	2001	2002	2003	2004	2005
Historical: 2000-2005							
Enrollment		7,273	6,493	6,924	7,738	7,619	8,400
Annual Growth Rate			-10.72%	6.64%	11.76%	-1.54%	10.25%
Growth 2000 to 2005							15.50%
Average Cost	\$	3,983.56	\$ 4,097.93	\$ 3,214.59	\$ 3,440.48	\$ 3,926.13	\$ 4,047.62
Annual Growth Rate			2.87%	-21.56%	7.03%	14.12%	3.09%
Growth 2000 to 2005							1.61%
Total Cost	\$	28,972,432	\$ 26,607,859	\$ 22,257,821	\$ 26,622,434	\$ 29,913,184	\$ 34,000,008
Annual Growth Rate			-8.16%	-16.35%	19.61%	12.36%	13.66%
Growth 2000 to 2005							17.35%
Medicaid to Schools-Without Waiver		2006	2007	2008	2009	2010	
Projections: 2006-2010							
Enrollment		8,550	9,250	9,598	9,960	10,335	
Annual Growth Rate			8.19%	3.76%	3.77%	3.77%	
Growth 2006 to 2010						20.88%	
Average Cost	\$	4,163.74	\$ 4,108.11	\$ 4,280.65	\$ 4,460.44	\$ 4,647.77	
Annual Growth Rate			-1.34%	4.20%	4.20%	4.20%	
Growth 2006 to 2010						11.62%	
Total Cost	\$	35,599,977	\$ 38,000,018	\$ 41,085,679	\$ 44,425,982	\$ 48,034,703	
Annual Growth Rate			6.74%	8.12%	8.13%	8.12%	
Growth 2006 to 2010						34.93%	
Medicaid to Schools-With Waiver		2006	2007	2008	2009	2010	
Projections: 2006-2010		2000		2000		2010	
Enrollment		8,550	9,250	9,598	9,960	10,335	
Annual Growth Rate		3,000	8.19%	3.76%	3.77%	3.77%	
Growth 2006 to 2010						20.88%	
Average Cost	\$	4,080.47	\$ 3,943.78	\$ 4,066.62	\$ 4,237.41	\$ 4,415.39	
Annual Growth Rate			-3.35%	3.11%	4.20%	4.20%	
Growth 2006 to 2010						8.21%	
Total Cost	\$	34,888,019	\$ 36,479,965	\$ 39,031,419	\$ 42,204,604	\$ 45,633,056	
Annual Growth Rate		, ,	4.56%	6.99%	8.13%	8.12%	
Growth 2006 to 2010						30.80%	
	i I						

18,087										
18,087										
		18,278		14,940		12,873		14,416		14,473
		1.06%		-18.26%		-13.84%		11.99%		0.40%
										-19.98%
\$ 3,791.00	\$	3,940.00	\$	5,195.00	\$	5,536.00	\$	5,026.00	\$	5,011.00
-		3.93%		31.85%		6.56%		-9.21%		-0.30%
										32.18%
\$ 68,567,817	\$	72,015,320	\$	77,613,300	\$	71,264,928	\$	72,454,816	\$	72,524,203
		5.03%		7.77%		-8.18%		1.67%		0.10%
										5.77%
2006		2007		2008		2009		2010		
14,896		15,317		16,188		17,109		18,082		
		2.83%		5.69%		5.69%		5.69%		
								21.39%		
\$ 5,092.00	\$	5,180.00	\$	5,447.74	\$	5,723.32	\$	6,025.45		
		1.73%		5.17%		5.06%		5.28%		
								18.33%		
\$ 75,850,432	\$	79,342,060	\$	88,188,015	\$	97,920,282	\$	108,952,187		
		4.60%		11.15%		11.04%		11.27%		
								43.64%		
2006		2007		2008		2009		2010		
14,896		15,317		16,188		17,109		18,082		
		2.83%		5.69%		5.69%		5.69%		
								21.39%		
\$ 4,990.16	\$	4,972.80	\$	5,175.35	\$	5,442.85	\$	5,724.18		
		-0.35%		4.07%		5.17%		5.17%		
								14.71%		
\$ 74,333,423	\$	76,168,378	\$	83,778,566	\$	93,121,721	\$	103,504,623		
		2.47%		9.99%		11.15%		11.15%		
								39.24%		
\$ \$	\$ 68,567,817 2006 14,896 \$ 5,092.00 \$ 75,850,432 2006 14,896 \$ 4,990.16	\$ 68,567,817 \$ 2006 14,896 \$ 5,092.00 \$ \$ 75,850,432 \$ 2006 14,896 \$ 4,990.16 \$	\$ 68,567,817 \$ 72,015,320 5.03% 2006 2007 14,896 15,317 2.83% \$ 5,092.00 \$ 5,180.00 1.73% \$ 75,850,432 \$ 79,342,060 4.60% 2006 2007 14,896 15,317 2.83% \$ 4,990.16 \$ 4,972.80 -0.35% \$ 74,333,423 \$ 76,168,378	3.93% \$ 68,567,817 \$ 72,015,320 \$ 5.03% 2006 2007 14,896 15,317 2.83% \$ 5,092.00 \$ 5,180.00 \$ 1.73% \$ 75,850,432 \$ 79,342,060 \$ 4.60% 2006 2007 14,896 15,317 2.83% \$ 4,990.16 \$ 4,972.80 \$ -0.35% \$ 74,333,423 \$ 76,168,378 \$	3.93% 31.85% \$ 68,567,817 \$ 72,015,320 \$ 77,613,300 5.03% 7.77% 2006 2007 2008 \$ 14,896 15,317 16,188 2.83% 5.69% \$ 5,092.00 \$ 5,180.00 \$ 5,447.74 1.73% 5.17% \$ 75,850,432 \$ 79,342,060 \$ 88,188,015 4.60% 11.15% 2006 2007 2008 \$ 4,990.16 \$ 4,972.80 \$ 5,175.35 -0.35% 4.07% \$ 74,333,423 \$ 76,168,378 \$ 83,778,566	3.93% 31.85% \$ 68,567,817 \$ 72,015,320 \$ 77,613,300 \$ 5.03% 7.77% 2006 2007 2008 \$ 14,896	3.93% 31.85% 6.56% \$ 68,567,817 72,015,320 77,613,300 71,264,928 5.03% 7.77% -8.18% 2006 2007 2008 2009 14,896 15,317 16,188 17,109 2.83% 5.69% 5.69% \$ 5,092.00 \$ 5,180.00 \$ 5,447.74 \$ 5,723.32 1.73% 5.17% 5.06% \$ 75,850,432 \$ 79,342,060 \$ 88,188,015 \$ 97,920,282 11.15% 11.04% 2006 2007 2008 2009 14,896 15,317 16,188 17,109 2.83% 5.69% 5.69% \$ 4,990.16 \$ 4,972.80 \$ 5,175.35 \$ 5,442.85 -0.35% 4.07% 5.17% \$ 74,333,423 \$ 76,168,378 \$ 83,778,566 \$ 93,121,721	3.93% 31.85% 6.56% \$ 68,567,817 \$ 72,015,320 \$ 77,613,300 \$ 71,264,928 \$ 5.03% 7.77% -8.18% 2006 2007 2008 2009 14,896 15,317 16,188 17,109 2.83% 5.69% 5.69% \$ 5,092.00 \$ 5,180.00 \$ 5,447.74 \$ 5,723.32 \$ 1.73% 5.17% 5.06% \$ 75,850,432 \$ 79,342,060 \$ 88,188,015 \$ 97,920,282 \$ 11.15% 11.04% 2006 2007 2008 2009 14,896 15,317 16,188 17,109 11.04% 2006 2007 2008 2009 \$ 4,60% 15,317 16,188 17,109 5.69% 5.69% \$ 4,990.16 \$ 4,972.80 \$ 5,175.35 \$ 5,442.85 \$ -0.35% 4.07% 5.17%	3.93% 31.85% 6.56% -9.21% \$ 68,567,817 72,015,320 77,613,300 71,264,928 72,454,816 5.03% 7.77% -8.18% 1.67% 2006 2007 2008 2009 2010 14,896 15,317 16,188 17,109 18,082 2.83% 5.69% 5.69% 5.69% \$ 5,092.00 \$ 5,180.00 \$ 5,447.74 \$ 5,723.32 \$ 6,025.45 1.73% 5.17% 5.06% 5.28% \$ 75,850,432 \$ 79,342,060 \$ 88,188,015 \$ 97,920,282 \$ 108,952,187 4.60% 11.15% 11.04% 11.27% 43.64% 2006 2007 2008 2009 2010 14,896 15,317 16,188 17,109 18,082 2.83% 5.69% 5.69% 5.69% \$ 4,990.16 \$ 4,972.80 \$ 5,175.35 \$ 5,442.85 \$ 5,724.18 -0.35% 4.07% 5.17% 5.17% \$ 74,333,423 76,168,378 \$ 83,778,566 \$ 93,121,721 \$ 103,504,623	\$ 68,567,817 \$ 72,015,320 \$ 77,613,300 \$ 71,264,928 \$ 72,454,816 \$ 5.03%

Updated	I	1/5/2005				
Summary of Investments						
		2006	2070	2008	2009	2010
H.S.A. Incentives	\$	1,331,000	\$ 2,826,375	\$ 3,043,164	\$ 3,277,436	\$ 3,530,672
PCCM	\$	-	\$ 6,738,876	\$ 7,407,282	\$ 8,143,157	\$ 8,953,471
IT	\$	3,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000
SPE	\$	1,500,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000
EBP Reimbursement	\$	1,500,000	\$ 1,300,000	\$ 1,300,000	\$ -	\$ -
Community Infrastructure	\$	-	\$ -	\$ -	\$ -	\$ -
Elder Care prevention	\$	937,500	\$ 1,465,313	\$ 1,526,856	\$ 1,909,180	\$ 2,210,406
Pay for Performance	\$	-	\$ -	\$ -	\$ -	\$ -
Total Investments	\$	8,268,500	\$ 20,330,564	\$ 21,277,302	\$ 21,329,773	\$ 22,694,549
Total Investment						\$ 93,900,688

Updated	1/5/2005					
·						
GraniteCare Summary						
Year		2006	2007	2008	2009	2010
Total Program Without Waiver		\$ 1,030,493,423	\$ 1,109,529,473	\$ 1,235,067,659	\$ 1,375,227,877	\$ 1,532,556,422
Total Program With Waiver		\$ 1,022,167,250	\$ 1,063,253,806	\$ 1,164,620,302	\$ 1,261,324,305	\$ 1,394,519,673
Medical Cost Savings Yearly		\$ 8,326,174	\$ 46,275,668	\$ 70,447,357	\$ 113,903,572	\$ 138,036,748
Medical Cost Savings Cummulative		\$ 8,326,174	\$ 54,601,841	\$ 125,049,198	\$ 238,952,771	\$ 376,989,519
Investment Costs						
Health Services Accounts Incentives		\$ 1,331,000	\$ 2,826,375	\$ 3,043,164	\$ 3,277,436	3,530,672
PCCM		\$ -	\$ 6,738,876	\$ 7,407,282	\$ 8,143,157	\$ 8,953,471
Information Technology		\$ 3,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000
Single Point of Entry		\$ 1,500,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000
Evidence Based Practice		\$ 1,500,000	\$ 1,300,000	\$ 1,300,000	\$ -	\$ -
Elder Care Prevention		\$ 937,500	\$ 1,465,313	\$ 1,526,856	\$ 1,909,180	\$ 2,210,406
Total Investment Costs		\$ 8,268,500	\$ 20,330,564	\$ 21,277,302	\$ 21,329,773	\$ 22,694,549
Total with Waiver & Investment Costs		\$ 1,030,435,750	\$ 1,083,584,370	\$ 1,185,897,604	\$ 1,282,654,078	\$ 1,417,214,222
Net Yearly Savings		\$ 57,674	\$ 25,945,104	\$ 49,170,055	\$ 92,573,799	\$ 115,342,199
Cummulative Savings		\$ 57,674	\$ 26,002,777	\$ 75,172,832	\$ 167,746,632	\$ 283,088,831

Updated		1/5/05											
		Totals in	Historical		2006	Projected		2010		2006	Projected		2010
Total Dollars		2005	Growth	Projections		Growth		Projections		Projection	Growth		Projections
Segment			00 - '05		"WOW"			"WOW"		w/ Waiver			w/Waiver
SCHIP	\$	8,424,736	312.11%	\$	10,764,056	119.02%	\$	23,575,818			89.16%	\$	20,361,271
POP > 133% FPL	\$	20,411,773	77.05%	\$	23,710,579	56.90%	\$	37,202,035		, ,	35.51%	\$	32,129,626
POP < 133% FPL	\$	353,221,957	78.99%	\$	410,261,043	56.53%	\$	642,185,289		410,300,059	40.87%	\$	577,974,805
Nursing Home	\$	237,426,900	78.99%	\$	238,065,500	30.11%	\$	309,755,732	9		-4.13%	\$	216,829,012
Mid-Level	\$	2,331,117	1165.37%	\$	3,555,452	103.91%	\$	7,249,802	9		125.65%	\$	8,022,835
HCBC	\$	27,674,640	86.00%	\$	29,111,670	52.16%	\$	44,297,538	9		144.74%	\$	84,078,569
Other Nursing Homes	\$	4,057,300	74.33%	\$	4,024,419	28.10%	\$	5,155,257	9	4,024,419	28.10%	\$	5,155,257
Developmental Services	\$	156,872,791	28.56%	\$	156,657,118	52.49%	\$	238,885,191	9		47.82%	\$	226,940,916
Medicaid to Schools	\$	34,000,008	17.35%	\$	35,599,977	34.93%	\$	48,034,703	9		30.80%	\$	45,633,056
Community Mental Health	\$	72,524,203	5.77%	\$	75,850,432	43.64%	\$	108,952,187	5	74,333,423	39.24%	\$	103,504,623
NHH_APS/Philbrook	\$	3,116,668	133.47%	\$	3,645,708	36.83%	\$	4,988,366	9		36.83%	\$	4,988,366
NHH_THS	\$	2,838,818	68.80%	\$	3,257,660	39.00%	\$	4,528,224	5		39.00%	\$	4,528,224
Glencliff	\$	7,514,764	-9.96%	\$	7,452,648	21.48%	\$	9,053,323	9	7,452,648	12.95%	\$	8,418,002
			112 2521	_				10.502.020					10 (02 020
Childrens Services	\$	26,137,166	142.96%	\$	28,537,160	70.63%	\$	48,692,958		28,537,160	70.63%	\$	48,692,958
	Φ.			_			Φ.		_	2 (17 000	00.010/		
New_Pregnant Women	\$	-		\$	-		\$	-		3,645,000	99.24%	\$	7,262,154
	Φ.	056 550 040		_	1 020 402 422		Φ.	1 522 554 422	-	1 000 1 (5 050		•	1 204 510 (52
Total	\$	956,552,842		\$	1,030,493,423		\$	1,532,556,422	9	5 1,022,167,250		\$	1,394,519,673
									+				
											1		